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CITY AND ROYAL BURGH OF EDINBURGH
PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

DURING

1944

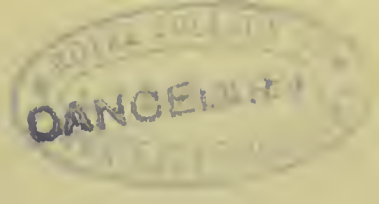
BY THE

MEDICAL OFFICER OF HEALTH

With

Dr. W. G. Clark's

Compliments.



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PUBLIC HEALTH DEPARTMENT,
JOHNSTON TERRACE,
EDINBURGH. *August, 1945.*

To
*The Department of Health for Scotland and
The Right Honourable the Lord Provost,
Magistrates and Council of the City of Edinburgh.*

MY LORD PROVOST, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report of the Public Health Department for the year 1944.

1. The Last Phase.—This report, the sixth issued in wartime, covers the period when the nation's war effort reached its zenith and victory seemed in sight. History will doubtless take note of the phenomenon that Britain's health was in some respects better during the war than before it, and so far as Edinburgh is concerned, statistics will emphasise the common experience that moral and physical strength did not flag. Among children the trend towards better health was striking, and particularly so when we recall the domestic upheavals caused by men leaving for the forces, children being evacuated, and women going to work. Despite these unsettling circumstances the surprising fact emerged that Edinburgh's infant mortality rate declined steadily during the war and in 1944 was the lowest on record, viz. 51 deaths of children under one year, per thousand births. For that and other favourable aspects of our health returns we may ascribe the credit, in some measure at least, to the steadying influence of the country's social services. These services, good as they were before the war, not only proved flexible under war conditions but received an impetus from scientific research. Specially-significant was the progress made in nutrition and in measures to mitigate fatigue. Our war experiences stimulated the health conscience and opened the way to a ready acceptance of health propaganda in all walks of life. From that encouraging development there should be no slipping back.

2. Vital Statistics.—In 1944 there were more births and fewer deaths than in any year during the war. The births numbered 7,908, as compared with 7,605 in 1943, and at 16·6 per thousand of the population the birth-rate was the highest recorded in the City for fourteen years. The rate is 1·0 above the average for the previous five years, but it would be well not to encourage optimism on that account. In an article contributed to the Health Bulletin issued by the Department of Health in January 1945, the Registrar-General for Scotland warned us that the increased birth-rate is a reflection of the high marriage-rate in the early years of the war, and that as a sequel to the low birth-rates obtaining since the beginning of the century, the number of potential mothers coming forward to the next generation is considerably less than the number in the present generation.

Deaths from all causes during 1944 numbered 5,979, as compared with 6,338 in the previous year. The death-rate was 14·3 per thousand of the population. A year earlier the rate was 15·3 and the average for the previous five years was 14·8. The improvement in 1944 may be attributed in some degree to the com-

parative absence of severe weather which was reflected in a decrease in the number of deaths from respiratory diseases. Deaths from pulmonary tuberculosis (255), from non-pulmonary tuberculosis (47), and from diphtheria (12), were all the lowest ever recorded in the City. These figures, together with the lowest infant mortality rate already mentioned, earned for the last phase of the war a noteworthy place in the health annals of the City.

3. Child Welfare Activities.—It is fair to assume that the progressive fall in infant mortality has been influenced in some measure by the association of mothers and children with the medical officers and health visitors of the Maternity and Child Welfare Department. About a year ago the Public Health Committee recognised the value of this preventive work by increasing the number of health visitors engaged on child welfare duties from 21 to 31. They also authorised the employment of three additional medical officers to advise at the clinics, and the erection of child welfare centres at Firrhill and West Pilton, bringing the number of centres up to 22.

Since 1940 the infant mortality rates have been 68, 66, 56, 54 and 51 per thousand births. This steady reduction is in contrast to the fluctuations which occurred during the last war when, beginning in 1914 the rates were 110, 132, 100, 123 and 94 per thousand. A point emphasised a year ago was that the neonatal mortality rate (that is, the deaths under four weeks) has not diminished in the same ratio as the mortality of children aged from one month to twelve months. This did not change materially during 1944, when the neonatal mortality rate was 27·7 per thousand births as compared with 27·3 in the previous year. A promising field of investigation is indicated here, and we are hoping that obstetricians and pædiatricians will before long be able to point the way to a further saving in child life. Meanwhile, it is satisfactory to record that the maternal death-rate remained at practically the same record low figure as in 1943, namely 2·0 per thousand births.

At the child welfare centres, 1,183 clinics were held for ante-natal supervision, 1,995 for health supervision and the treatment of minor ailments, and 820 for ultra-violet ray therapy. All these figures showed an increase on the previous year, and there were corresponding increases in the number of attendances. The teaching of mothercraft to girls in senior classes of schools was continued by four health visitors seconded for the purpose, and was welcomed by the young trainees, who looked forward with pleasure to practical instruction in the washing, clothing and feeding of babies.

The additional maternity beds provided at the Western General Hospital were appreciated by mothers without help or whose home conditions made hospitalisation desirable. The new maternity unit at the Eastern General Hospital—a compact and well-equipped organisation—has enlarged our facilities still more, and is proving a boon to women in the eastern district of the City and to Leith, which has realised the need of a maternity hospital for many years. A noteworthy feature of this new unit is the linking together of voluntary and local authority interests. The Elsie Inglis Memorial Hospital, whose territory is chiefly the eastern district of Edinburgh, provide the medical staff and the nurse-trainees, while the Corporation supply all the hospital services, including administration.

Some headway has been made with the operation of the Domiciliary Maternity Services Scheme begun in 1943, under which any woman who applies may receive medical attention and the services of a midwife, and if necessary, of an obstetrician in her own home. A number of medical practitioners have agreed to give their services under this scheme, and more will doubtless do so when they return from the forces. In the meantime, the burden is borne chiefly by the co-operating voluntary bodies—namely, the Royal Infirmary, the Elsie Inglis Memorial Hospital, the Queen's Institute of District Nursing, and the Edinburgh Medical Missionary Society.

4. Children Under Five.—The war years have brought a steady development of the agencies devoted to the welfare of the pre-school child, and a stage has been reached where consideration might be given to the preparation of a co-ordinated plan. Edinburgh had toddlers' playgrounds run by voluntary effort as far back as 1908, and before the war there were 22 of these centres, ten of which were merged in the rapidly organised wartime nurseries. The wartime nurseries, of which there were 27 at one time, should now theoretically disappear, but 25 are still functioning and meeting an unmistakable demand, and it is felt that a place should be reserved for some of them among the established institutions of the public health service. It is intended that the ten toddlers' playground centres will revert to voluntary control, and among the others the Corporation have an option to acquire four nurseries which were built to a national type-plan by H.M. Office of Works.

There are, however, other and parallel activities among children under five years of age in the form of nursery schools, some run by voluntary effort and some by the Education Department. The new Scottish Education Act permits the setting up of schools for children from two to five years of age, and opinions differ as to whether the training of children of these ages should have an educational bias or a health bias. My own view is that health should be the primary consideration in the development of every child up to the age of seven years.

In view of the diversity of effort—and Edinburgh has been fortunate in having so many enlightened voluntary agencies in the past—a survey of the City is in progress with the object of stimulating the best features in a valuable field of endeavour and preventing overlap.

For residential accommodation of children under five, the Corporation acquired the mansion house and estate of St. Katharine's, near Liberton, and will ultimately provide accommodation for 600 in what is to be the Children's Unit of the future. The first development is in progress and the home meanwhile is administered by the City Social Services Department. During the past year our Child Welfare Medical Officers made excellent use of the residential accommodation at Victoria Park House and at Dumbiedykes and Viewforth Nurseries. A welcome addition to this type of service was the recently opened Willowbrae House, which has the further purpose of being a potential reception house for the supervision of contacts in any outbreak of the major infectious diseases.

5. School Children.—Health conditions among school children were marred in session 1943-44 by three unwelcome manifestations. One was a slight increase in

uncleanliness—nits and vermin being found in 7·1 per cent. of the children inspected, as against 5·2 per cent. in the previous session. In giving this information the school medical officer makes the interesting revelation that no increase occurred among routine cases where the parents were advised that the examinations were to be made, but in class examinations which were in the nature of a surprise, the increase was marked. From this it appears that some parents need to be stimulated to do a simple duty, and education on these lines must be intensified, if not indeed reinforced by a salutary lesson from the Sheriff.

The other two blemishes related to dental conditions. For tartar on the teeth, 620 children—an increase of 200 over the previous year, received treatment, and for Vincent's ulcerative stomatitis—"trench mouth"—the number treated rose from 115 to 158. Trench mouth is highly infectious, and the increase was chiefly among girls. The dental staff of the school medical service has recently been increased from three to five, and it is hoped that parents will show a greater readiness to accept treatment for their children than they have done in recent years.

Good work in putting the "problem child" into a happy niche in society was done at the Child Guidance Clinic where the psychiatrist now has the help of three psychiatric social workers, who visit homes and foster better relations between parents and "difficult" children. An encouraging aspect in this service is that parents are seeking it in greater measure and placing a high value upon it.

6. Infectious Diseases.—The year was a favourable one so far as the prevalence of infectious disease is concerned. Scarlet fever, of which there were 1,222 notified cases, and measles, of which there were 1,124 reported cases in children under 5, headed the list, but the numbers were smaller than usual, and the cases generally mild. There were three deaths from scarlet fever and none from measles. Diphtheria with 306 cases and 12 deaths, showed the lowest incidence since 1899, and the smallest number of deaths ever recorded in the City. A disquieting feature was the occurrence of 766 cases of dysentery, varying in number from 102 in the month of September to 31 in the month of December. The number of cases in 1943 was 419 and in the year before that, 252. In his report on page 33 the Medical Superintendent of the City Hospital comments on this substantial increase, and declares it to be a challenge to public health workers. "The ultimate responsibility in the case of this disease," says Dr. Joe, "must literally be put in the hands of the individual citizen . . . much higher standards of personal hygiene must be inculcated."

Eight confirmed cases of Paratyphoid B. Fever were notified to the Department and were admitted to hospital. Five of these cases were connected with an outbreak in Perthshire, and two others were infected outwith the City. The remaining case was a probable City infection but the source was not traced. One "carrier" case of B. Typhosus was also admitted to hospital for treatment.

7. Tuberculosis.—In returning the lowest number of deaths from both the pulmonary and the non-pulmonary forms of the disease, the Tuberculosis Department made a noteworthy contribution to the records of 1944. To combat the scourge of tuberculosis, Edinburgh has for nearly forty years pinned a good deal

of faith on early diagnosis and an ample provision of hospital beds, and it may be accepted that, with housing improvement arrested, these are the factors which enabled us to pass through the war years with only a temporary rise in the incidence and in the mortality of a disease which strikes heavily at young and promising lives. There are, however, still too many new cases occurring each year to allow any feeling of complacency to arise.

During the past year 548 persons were notified as suffering from pulmonary tuberculosis. This was a reduction of 44 as compared with the previous year, but 50 above the average for the preceding five years. The increases occurred chiefly in the age-groups 20-25 and 25-35. It is an arresting fact that 25 per cent. of the notifications related to persons under twenty years of age. This must be assumed to be one of the unfavourable results of wartime conditions—the blackout, fatigue, anxiety, and difficulty in procuring the protective foods. Some of these disadvantages have disappeared and others are being mitigated. Until housing programmes get under way, there will be need for vigilance in supervising contacts in overcrowded dwellings, and for utilising the increased allocation of hospital beds to segregate open cases. The new mass radiography unit installed in commodious, well-lit premises at Warriston Close should prove of value in detecting incipient disease of the chest and lungs. During the past year the Government scheme for paying maintenance allowances to the relatives of patients went far to relieve hardship and worry.

8. Venereal Diseases.—The number reporting at venereal disease centres were substantially depleted through changes in the distribution of the population of south-eastern Scotland during 1944. New applicants totalled 3,958, as against 5,124 in 1943, a decrease of 1,166. The number found to be infected was 2,180, as compared with 2,894 in the preceding year. A marked fall in new cases of syphilis, from 1,066 in 1943 to 821 in 1944, was doubtless influenced by the transference of men away from this area. It is pointed out by the Clinical Medical Officer that the number of cases among women exceeded the number among men, and that the relatively large number of women found to be suffering from early syphilis indicates that conditions still exist which would favour a rapid spread of the disease. Cases of gonorrhœa decreased from 994 in 1943 to 648 in 1944, and again the diminution among males was marked.

An interesting departure in the treatment of venereal infections was the introduction of the potent new anti-infective remedy, penicillin. Supplies were limited at first, but results were such as to encourage the hope that the new discovery will prove to be a highly significant addition to the therapy of venereal disease. It was found that penicillin could be relied upon to cure, with almost absolute certainty, cases of gonorrhœa which were otherwise drug-resistant. When it comes to be more generally used, penicillin should have an influence in minimising default.

Under Defence Regulation 33B which gives Medical Officers of Health compulsory powers for the examination and treatment of a suspected source of infection, 174 cases were notified once and 11 cases more than once. These cases were all followed up by the almoner, and it was found possible to trace 71 and persuade

them to report at the clinics. A further 47 were referred to the Army, Navy, or the appropriate local authority, and 60 could not be traced. The Regulation has been the means of revealing hidden sources of the spread of infection, but our Public Health Committee believe that the measure does not go far enough and should be replaced by legislation to make notification and treatment of venereal disease compulsory. This recommendation had the unanimous support of the other local authorities in Scotland when it was submitted to the Secretary of State more than a year ago, but the matter is still under consideration.

9. Hospitals.—From the variety and the volume of the load they carried during 1944 the Corporation's seven hospitals had their busiest and their most interesting year since the war began. Not for the first time was it shown that the improvisation and re-organisation carried out under the threat of war in 1938-39 had been well worth while. Altogether 23,879 patients were admitted to the hospitals. The number might have been greater but for staffing difficulties and the fact that admissions were restricted during a period preceding D-day.

All the five hospitals included in the Government's Emergency Medical Service received convoys of sick and wounded from the Western Front, and four of them provided accommodation for elderly sick persons evacuated from London hospitals during air attacks in July. At the same time accommodation specially set aside for the Poles at the Western General Hospital and for the Norwegians at the Southern General Hospital was fully occupied. The reception of a number of German and Italian prisoners of war in each of the hospitals added to the international character of the strangers within our gates.

It can be said that the hospitals answered these hurried calls with alacrity and as part of the day's work. The Chairman of the Public Health Committee, the Convener of the Hospitals Sub-Committee, the Lord Provost and the Lady Provost visited the wards and gave the patients a welcome to Edinburgh. Many patients expressed their appreciation of this kindly gesture and the flow of gifts and offers of hospitality from the citizens throughout the winter was such that medical superintendents had difficulty in fitting them all in. It is right that tribute should be paid to the medical, nursing and domestic staffs for carrying on their work cheerfully despite the imposition of abnormal burdens due to depleted establishments. Shortage of staff of one kind or another was the obtruding handicap of every hospital and one that defeated every administrative stratagem to surmount it.

The part played by the Corporation's hospitals in the Emergency Medical Service Scheme is indicated by the following table :—

		Normal Bed Complement.	Beds Added.	Total.	Allocated for E.M.S. purposes.
Western General ...	...	300	240	540	260*
Eastern General ...	...	305	120	425	175*
Southern General ...	...	263	294	557	300*
Gogarburn ...	...	661	159	820	400†
Bangour ...	...	1,035	1,362	2,397	2,397
		<u>2,564</u>	<u>2,175</u>	<u>4,739</u>	<u>3,532</u>

* Reduced in December 1944 to 200, 130, 250.

† Reduced in February 1943 to 300.

During the year to 15th May 1945, that is, in the last year of the war, the E.M.S. sections of these hospitals received the following classes of patients.

Service Men and Women, including Prisoners of war	...	8,845
Norwegians	... ..	1,043
Poles	... ..	1,460
Auxiliary Territorial Service (A.T.S.)	... ..	1,066
London Evacuees	... ..	876
Tuberculosis Patients (other areas)	... ..	347
		<hr/> 13,637

10. Training of Nurses.—The Corporation's training facilities for nurses were extended during the year by the setting up of a scheme for training midwives at the Western General Hospital and another for nurse-trainees in the new maternity wards of the Eastern General Hospital. Both of these are, of course, specialist courses and quite distinct from the normal general training given at the Western and the fever training provided at the City Hospital.

The higher salary scales and improved conditions of service introduced in 1943 removed hardships among nurses but did not materially increase the numbers seeking entry to the profession. This was due in part to the calls of the services and to the lure of higher paid occupations in industry. A serious handicap in training arrangements for nurses is that no machinery exists for bridging the gap between age 15 when a girl leaves school and age 17½ when she may enrol as a student nurse. Two schemes for meeting this need were brought forward in Edinburgh—one a non-residential preliminary training school and the other a residential scheme—but neither received the assent of the Public Health Committee, although the principle was approved and the details remitted for further consideration.

The provision of adequate facilities for training nurses thus remains an urgent problem, and one that must be settled soon if our hospitals are to take their proper place in the comprehensive health service of the future. Several local authorities in Scotland and England already have training schemes in an advanced state of preparation. In Edinburgh talks have been given to girls in schools in an effort to interest them in nursing as a career, but the best form of propaganda comes from the nurse herself when she is able to speak of comfortable conditions, fair treatment, and the inspiration and satisfaction that are the reward of service to fellow human beings. That being so, every effort should be made to brighten the lot of the nurse by relieving her of abnormal burdens arising from the present-day shortage, estimated in Scotland at 2,000 nurses.

11. Orthopædic Treatment.—Hitherto orthopædic treatment for children up to 15 years of age has been provided at Princess Margaret Rose Hospital, where the Corporation have a call on twenty beds. Out-patient treatment by a qualified physiotherapist is available at a clinic at 60 Pleasance, and the pressure there, now very acute, will be relieved as soon as additional staff can be found. In the meantime, negotiations are proceeding for the establishment of a regional scheme for south-eastern Scotland. A recent survey gave some indication of the needs of the area, and it is hoped that a co-ordinated plan for linking up and extending the existing services, voluntary and otherwise, may be evolved.

12. Diphtheria Immunisation.—During the year, 5,872 children were immunised against diphtheria as compared with 4,927 in 1943. General practitioners continue to give our scheme steady support, and health visitors exerted a considerable influence in getting the mother to bring the baby to the Clinic before the first birthday. Of the immunisation last year, 82 per cent. related to children under five years of age. It is possible in Edinburgh as in other cities to wipe out diphtheria, or at least to make its occurrence a rarity, but we require protection to be accepted by a still higher percentage of children. The benefits of immunisation are emphasised by the statistics for 1944—the smallest number of cases for 45 years, fewer deaths (12) than ever before, and not one fatal case among the immunised.

13. Comprehensive Health Service.—Discussions by the various interests concerned have been proceeding on the subject of the Government's White Paper on the proposed National Health Service. From several sources alternative proposals have been brought forward and Government ministers and officials have gathered a fund of information and opinion that will doubtless be represented in the Health Services Bill when it comes to be framed. This, of course, was one of the primary objects of the White Paper—to promote an exchange of views and allow conflicting or parallel interests to reach agreement by negotiation. The intention is that Scotland will have her own service, administered by the Secretary of State and the Department of Health, on the same broad principles as in England, but adapted to suit Scottish traditions and geographical peculiarities. The viewpoint of the local authority has not been neglected. Local health services in Scotland during the war have developed naturally and with the full accord of the people, and their record should not be overlooked in the legislative measures shortly to come before Parliament.

14. Conclusion.—I wish to record my gratitude to the members of the Public Health and other Committees for their interest and support, and to express thanks to the various heads of Departments, Hospitals and Institutions and to all the staffs, for their loyal service throughout the year, and particularly during the years of the war.

I have the honour to be,

My Lord Provost, Ladies and Gentlemen,

Your obedient servant,

WILLIAM GEORGE CLARK,
M.B., Ch.B., F.R.C.P.(Edin).. D.P.H.(Camb.),
Medical Officer of Health.

SUMMARY OF STATISTICS.

	1940	1941	1942	1943	1944
No. of Marriages	...	4,882	4,887	3,987	3,977
" Births	5,909	6,934	7,386	7,605	7,908
" Deaths (all causes)	6,930	6,545	6,152	6,338	5,979
" Infant Mortality Rate (deaths under 1 year per 1000 live births)	68	66	56	54	51

Principal Causes of Deaths.

	1940	1941	1942	1943	1944
Heart Disease	1,548	1,596	1,455	1,528	1,620
Other Diseases of Circulatory System	201	183	245	220	220
Malignant Disease	991	934	972	971	913
Diseases of the Nervous System	828	817	781	893	884
Pneumonia (all forms)	400	351	272	293	235
Bronchitis	412	280	279	287	220
Tuberculosis (Pulmonary)	308	301	289	321	255
" (Non-Pulmonary)	85	76	67	64	47
Diseases of Early Infancy and Malformations	225	218	209	224	221

Principal Infectious Diseases.

	1940		1941		1942		1943		1944	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Scarlet Fever	652	1	1,070	3	2,023	5	1,598	4	1,222	3
Diphtheria	749	61	446	28	480	31	422	15	306	12
Typhoid Fever	32	2	68	4	14	2	7	—	8	—
Cerebro-spinal Fever	326	45	194	36	84	14	37	7	37	1
Measles	2,818	13	1,123	7	2,307	10	1,723	7	1,124	—
Whooping Cough	255	8	1,365	44	135	2	775	19	409	10

TABLE showing the numbers of Births and Deaths in each ward of the City during 1944.

No.	WARD.	Area in Acres.	BIRTHS.	INFANT MORTALITY.		DEATHS.		
				Deaths.	Rate per 1000 Births.	PULMONARY TUBERCULOSIS.	• EPIDEMIC DISEASES.	ALL CAUSES.
1	Calton	228	315	15	48	14	4	256
2	Canongate	965	285	13	46	10	7	294
3	Newington	891	262	11	42	7	1	323
4	Morningside	1,358	263	14	53	4	2	355
5	Merchiston	677	254	10	40	12	1	300
6	Gorgie	676	454	24	53	19	2	269
7	Haymarket	959	224	11	49	5	2	230
8	St. Bernard's	1,250	355	16	45	9	2	260
9	Broughton	472	288	16	56	6	1	222
10	St. Stephen's	190	265	13	49	6	4	210
11	St. Andrew's	206	199	18	90	6	6	124
12	St. Giles	266	271	14	52	14	2	232
13	Dalry	187	304	15	49	11	3	209
14	George Square	248	280	12	43	12	2	240
15	St. Leonard's	104	303	24	79	15	4	222
16	Portobello	2,200	618	36	58	11	5	416
17	South Leith	819	444	27	61	22	3	343
18	North Leith	218	260	10	39	17	4	195
19	West Leith	462	294	10	34	4	5	209
20	Central Leith	142	188	11	59	8	4	139
21	Liberton	6,339	500	28	56	18	6	216
22	Colinton	5,802	236	6	25	3	—	210
23	Corstorphine and Craigmond	8,067	861	30	35	20	2	396
	Insitutions	...	185	19	...	2	—	109
	Totals	32,526	7,908	403	51	255	72	5,979

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, and Diarrhoea and Enteritis under 2 years.

TABLE showing the number of Deaths (arranged in age groups) during 1944 from all causes and from certain specified causes.

	All Ages	Under 1 Year	1 and under 5 Years	Total under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 25 Years	25 and under 35 Years	35 and under 45 Years	45 and under 55 Years	55 and under 65 Years	65 and under 75 Years	75 Years and upwards	Total above 5 Years
*Deaths from all causes { Both Sexes Males Females	5,979 2,851 3,128	403 240 163	82 45 37	485 285 200	40 24 16	26 11 15	137 49 88	149 55 94	284 142 142	509 286 223	929 513 416	1,572 818 754	1,848 668 1,180	5,494 2,566 2,928
Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	3	...	3	3	...	...	...	...	...	...	...	...	...	...
Whooping Cough	10	5	5	10	...	...	...	...	...	...	...	...	...	...
Diphtheria	12	1	6	7	3	...	1	...	...	...	...	...	...	5
Influenza	30	2	1	3	2	...	1	...	1	1	5	8	9	27
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	1	...	1
Encephalitis Lethargica	9	...	...	...	...	...	...	2	2	1	2	...	2	9
Cerebro-Spinal Meningitis	1	1	...	1	...	...	...	...	...	...	...	...	...	...
Tuberculosis of Respiratory System	255	2	4	6	2	6	61	49	53	31	29	14	4	249
Tuberculous Meningitis	21	1	5	6	1	5	6	3	...	...	...	...	...	15
Tuberculosis of Intestines and Peritoneum	5	...	...	...	...	...	...	3	...	1	1	2	...	5
Other Tuberculous Disease	21	...	4	4	...	1	5	3	2	3	3	...	...	17
Malignant Disease	913	...	2	2	...	1	4	8	60	139	222	277	200	911
Rheumatic Fever	8	...	2	2	1	2	2	...	...	...	1	...	...	6
Meningitis, Diseases of Spinal Cord	27	1	3	4	...	...	1	...	3	4	5	7	2	23
Cerebral Haemorrhage, etc.	782	1	...	1	...	...	1	1	8	52	111	279	329	781
Other Nervous Diseases	75	12	1	13	1	2	7	6	7	9	13	11	6	62
Heart Disease	1,620	1	2	3	3	...	9	22	47	105	250	490	691	1,617
Other Diseases of Circulatory System	220	...	...	...	...	...	1	2	5	9	24	66	113	220
Bronchitis	220	11	2	13	...	...	1	3	8	19	40	55	81	207
Pneumonia (all forms)	235	63	7	70	...	1	3	4	14	26	49	60	60	165
Other Diseases of Respiratory System	96	3	2	5	...	...	3	...	7	15	15	26	25	91
Diarrhoea and Enteritis	60	47	...	47	...	...	1	...	...	3	2	4	3	13
Appendicitis	31	...	1	1	3	1	4	...	...	4	4	7	2	30
Diseases of Liver and Gall Bladder	43	...	...	...	...	...	...	...	...	...	12	12	7	43
Other Diseases of Digestive System	143	8	4	12	...	1	...	2	9	22	25	40	31	131
Nephritis—Acute and Chronic	132	...	2	2	...	1	2	6	11	18	24	40	28	130
Other Genito-Urinary Diseases	101	3	...	3	...	...	1	4	4	7	13	40	29	98
Puerperal Sepsis	8	...	...	...	...	...	2	4	2	...	...	...	...	8
Other Diseases associated with Childbirth	8	...	...	...	...	...	2	3	3	...	...	...	...	8
Diseases of Early Infancy and Malformations	221	208	6	214	4	1	1	1	...	...	...	...	...	7
Violent Deaths	258	18	11	29	14	2	7	11	13	28	46	43	65	229
Old Age	106	...	...	...	...	...	...	...	...	...	2	8	96	106
All Other Causes	304	15	9	24	6	2	9	13	21	18	54	92	65	280

* Deaths due to war operations are excluded.

INFECTIOUS DISEASES.

The following Table shows the number of notifications for each month of the year 1944 :—

Disease.	Jan.	Feb.	Mar.	April.	May.	June.	July.	August.	Sept.	October.	Nov.	Dec.	Total.
Diphtheria	24	30	32	35	20	12	23	15	27	36	28	24	306
Erysipelas	15	20	19	18	27	29	13	18	15	15	23	24	236
Scarlet Fever	78	71	106	74	86	81	70	85	143	146	174	108	1,222
Typhoid Fever	...	...	...	1	5	1	1	...	...	...	...	...	8
Puerperal Fever...	9	8	6	6	8	5	7	4	9	10	5	11	88
Puerperal Pyrexia	4	4	4	5	3	2	8	4	8	6	14	5	67
Cerebro-spinal Fever	3	4	3	4	4	5	1	2	2	2	4	3	37
Infective Jaundice	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, Pulmonary	59	48	50	52	36	53	43	38	40	46	44	39	548
Tuberculosis, other forms	9	16	13	19	10	11	14	16	13	12	7	11	151
Ophthalmia Neonatorum	2	7	3	3	2	2	5	4	2	5	3	4	42
Malaria	2	...	...	1	2	1	...	1	2	...	1	...	10
Dysentery...	50	58	51	80	65	44	82	99	102	59	45	31	766
Acute Influenzal Pneumonia	6	6	4	...	4	4	2	4	8	3	9	3	53
Acute Primary Pneumonia	20	23	25	16	22	19	13	16	12	27	39	33	265
Measles	11	12	23	19	11	11	10	18	21	43	173	772	1,124
Whooping Cough	21	18	18	17	40	48	45	40	31	28	64	39	409
Poliomyelitis	1	1	1	...	5	5	5	4	...	...	...	...	22
Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	314	326	358	350	350	333	342	368	435	438	633	1,107	5,354

CITY OF EDINBURGH.

DIPHTHERIA IMMUNISATION SINCE 1923.

Year.	Number Pro- tected.	Total Cases Notified.	Immunised Children Notified.	Fatal Cases Amongst the non-Immunised	Fatal Cases Amongst the Immunised.
1923	157	770	...	69	...
1924	3,329	720	28	73	...
1925	256	870	16	82	...
1926	1,969	552	18	43	...
1927	1,603	599	27	44	...
1928	743	629	11	30	...
1929	1,194	1,171	66	53	2
1930	1,175	1,102	24	71	...
1931	560	901	20	28	...
1932	776	662	3	27	...
1933	1,940	606	12	21	...
1934	3,362	546	13	26	1
1935	3,856	308	2	16	...
1936	2,717	374	6	26	...
1937	3,440	622	11	43	...
1938	4,038	600	31	43	1
1939	2,075	361	23	29	...
1940	1,429	749	6	61	...
1941	52,386	446	29	28	...
1942	11,065	480	74	29	2
1943	4,927	422	105	14	1
1944	5,872	306	80	12	...
	108,869	13,796	605	868	7

TUBERCULOSIS DEPARTMENT.

ANNUAL REPORT BY THE TUBERCULOSIS OFFICER.

Despite the continuation of the unfavourable circumstances which are incidental to the exigencies of present-day war conditions—restricted food supplies, overcrowding, increased hours of work, overstrain, worry and anxiety, all of which factors are conducive to an increase in tuberculosis—it is satisfactory to have to record an improvement in the tuberculosis position during the past year.

The figures which established new records in 1943 have been reduced still further in the past year—indeed, never in the history of the Tuberculosis Department has the number of deaths from all forms of the disease been so low.

Several factors have contributed, at least in part, to this favourable result. There is no doubt that many cases of pulmonary tuberculosis are being detected at a much earlier stage than formerly and consequently the chances of effecting a permanent arrest of the mischief is greatly enhanced. Until the discovery of a specific remedy for the disease is found, the brightest hope rests in the really early detection of the trouble and the immediate application of appropriate institutional measures for its treatment. Since the beginning of the war the number of hospital beds available for the treatment of both pulmonary and surgical cases of tuberculosis has been increased and it is certain that a still further increase would result in a continuous and steady diminution in the number of cases of the disease. The isolation and segregation of the open cases of tuberculosis have for long been recognised as the most important factors in controlling the spread of the disease. Unfortunately at present there is little possibility of securing more adequate hospital bed accommodation for patients of this type, for Local Authorities in all areas are experiencing insuperable difficulties in recruiting sufficient nursing and domestic personnel to overtake the already existing work—a fact which is greatly deplored by all who are responsible for the care and treatment of the sick.

For some years past, the Tuberculosis Department has received generous and willing assistance and co-operation from the officials of the Housing Department in the rehousing of families in which the presence of a notified case constituted a real danger on account of overcrowding. Such action has undoubtedly proved, in many families, a preventive measure of real importance. In certain cases where, for any valid reason, it has not been possible to rehouse the family, an open-air hut has been supplied for the use of the patient, when environmental conditions have been suitable.

Year by year the number of cases submitted to artificial pneumothorax treatment has been steadily increased and in a very large proportion of them the disease has been brought under control and the patient rendered non-infective. As a result a fruitful source of infection has been eliminated.

Since the last Annual Report, the services of an occupational therapist have been enlisted to train the tuberculous patients in hospital in such activities as leather work, rug-making, knitting, toy making, etc. Such work is much appreciated and enjoyed by many of the patients and it is to be regretted that meantime the

restricted supply of certain essential materials limits the scope of their undertakings. Whilst occupational therapy of this nature has unquestionably a real recreational or diversional value, it can not be regarded as a serious attempt to solve the great and difficult problem of the rehabilitation of the tuberculous.

The pulmonary tuberculosis death-rate for 1944 (61 per 100,000) was 8 below the average for the preceding 5 years. The actual number of deaths for the City during the year was 255—the lowest ever recorded. This in the sixth year of war is a very gratifying feature but the incidence rate—131 per 100,000 as compared with an average of 115—appears to support the view that the problem of tuberculosis is yet far from being solved.

An analysis of the table on page 17 emphasises anew the great and urgent necessity of giving special attention to the young adolescent groups. No less than 25 per cent. of the notifications, and 16 per cent. of the deaths, referred to young persons under the age of 20 years. The corresponding figures for 1943 were 28 per cent. and 13 per cent. and the average for the five years period, 1939-43, was 26 per cent. and 13 per cent. respectively. A depressing feature is the continued increase in incidence in the age groups 20-35. This accentuation is due, in the main, to the number of discharged service cases. An outstanding feature and one worthy of comment is the marked diminution in the number of notifications of females, aged 35-45. There were 16 in this group in 1944 as compared with 41 in 1943 and an average of 27 for the preceding 5 years.

As in the case of the pulmonary deaths, the return of non-pulmonary deaths (47) was the lowest number ever recorded for the City. These were 17 fewer than in the previous year which up to that period was the lowest attained in any single year. The following table shows the number of notifications and deaths from non-pulmonary tuberculosis, arranged in quinquennial averages :—

Year.	NOTIFICATIONS.		DEATHS.	
	No.	Rate per 100,000.	No.	Rate per 100,000.
1929-33	276	62	93	21
1934-38	242	52	75	16
1939-43	174	40	73	17
1944	151	36	47	11

INSTITUTIONAL TREATMENT.

Royal Victoria Hospital.—This institution which accommodates 78 patients is reserved for the treatment of early cases of pulmonary tuberculosis. A large proportion of the admissions consists of children and adolescents and during the past year a considerable number of members from all branches of the Services was admitted. Suitable cases are submitted to artificial pneumothorax therapy and when necessary further surgical procedures are undertaken by Mr Mercer, F.R.C.S., the consulting surgeon to the Tuberculosis Department. Following discharge from hospital the pneumothorax patients attend at the hospitals for refills, and sessions are arranged for such out-patients so that the necessary treatment does not interfere with their routine work. Every opportunity is taken to try out at this hospital the various new remedies which are advocated from time to time for the treatment of pulmonary tuberculosis. During the past year 197

patients were treated in the Royal Victoria Hospital as compared with 179 in the previous year and 180 in 1942. An acute shortage of nursing and domestic personnel in the hospital is giving rise to considerable concern and anxiety.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	36	54	62	...	28
Women	34	62	58	1	37
Children	3	8	4	...	7
Totals ...	73	124	124	1	72

Colinton Mains Hospital.—Since the outbreak of war additional beds have been made available for the reception of cases of pulmonary tuberculosis at the Colinton Mains Hospital and there is now a total of 180 beds—112 for males and 68 for females. There is still a pressing need for more accommodation for female cases. The waiting list is invariably a long one and most of the patients are in need of urgent admission which, under the prevailing circumstances, cannot be offered. There were 279 cases of pulmonary tuberculosis admitted to the wards of the Colinton Mains Hospital and these with the 179 which remained at the end of 1943 made a total of 458 patients treated during the year. The deaths numbered 86 and represented 19 per cent. of the total treated.

The following table shows the number of patients dealt with :—

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	104	175	133	52	94
Women	69	100	74	33	62
Children	6	4	6	1	3
Totals ...	179	279	213	86	159

PULMONARY TUBERCULOSIS NOTIFICATIONS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65+ years.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.
1931 ...	20	22	15	31	39	17	81	72	41	29	50	20	34	20	7	5	290	246	536
1935 ...	18	19	15	26	22	10	58	52	41	23	37	18	33	12	15	8	239	198	437
1936 ...	7	10	23	36	37	52	55	62	39	23	48	19	36	12	13	21	258	235	493
1937 ...	20	17	26	47	47	43	52	45	50	35	34	23	21	10	11	6	261	226	487
1938 ...	12	14	26	39	31	45	58	53	16	29	44	12	28	16	14	9	250	217	467
Average 1934-38	15	16	21	36	35	45	61	57	44	28	43	18	30	14	12	10	261	224	485
1939 ...	12	18	28	47	26	32	50	44	30	21	43	20	24	14	14	10	227	206	433
1940 ...	14	13	40	50	25	45	45	62	56	22	41	13	25	15	19	4	265	224	489
1941 ...	20	28	39	53	21	27	40	62	46	26	39	19	26	9	17	7	248	231	479
1942 ...	25	17	51	36	24	51	55	59	53	24	33	8	34	12	9	10	284	217	501
1943 ...	26	32	39	66	24	58	56	64	68	41	43	12	34	10	13	6	303	289	592
Average 1939-43	19	22	39	50	24	43	49	58	51	27	40	14	20	12	14	7	265	233	498
1944 ...	16	21	46	53	31	69	66	74	57	16	42	10	31	1	5	10	294	254	548

PULMONARY TUBERCULOSIS DEATHS.

Year.	Under 15 years.		15-20 years.		20-25 years.		25-35 years.		35-45 years.		45-55 years.		55-65 years.		65+ years.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.	TOTAL.
1934 ...	7	11	5	11	11	20	42	37	30	20	39	11	26	15	10	7	170	132	302
1935 ...	7	6	4	8	9	15	28	32	31	19	30	16	26	12	16	6	151	114	265
1936 ...	1	5	11	9	15	21	26	30	26	20	40	13	28	9	17	16	164	123	287
1937 ...	2	8	10	22	19	25	33	46	28	16	22	11	30	13	8	7	152	148	300
1938 ...	7	3	12	23	17	29	33	28	23	22	37	3	21	10	13	5	163	123	286
Average 1934-38	5	7	8	15	14	22	32	35	28	19	34	11	26	12	13	8	160	128	288
1939 ...	4	4	7	14	15	21	21	30	33	19	41	18	25	9	17	7	163	122	285
1940 ...	5	8	11	22	8	21	31	41	37	12	30	16	24	13	20	9	166	142	308
1941 ...	3	7	9	16	10	34	31	38	31	15	27	17	31	10	18	4	160	141	301
1942 ...	5	5	10	22	11	32	20	41	28	17	25	7	28	11	13	14	140	149	289
1943 ...	6	9	10	16	8	27	31	37	36	29	36	12	31	8	16	9	174	147	321
Average 1939-43	5	7	9	18	10	27	27	37	33	18	32	14	28	10	17	9	161	140	301
1944 ...	5	9	9	17	10	25	17	32	26	27	24	7	26	3	11	7	128	127	255

Bangour Hospital.—Twenty beds are set aside at Bangour for the reception of cases of pulmonary tuberculosis and 100 for surgical tuberculosis. During the year, 41 of the former and 156 of the latter were treated. The following tables show the method of disposal:—

I.—Pulmonary Tuberculosis.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	—	6	3	1	2
Women	16	17	15	8	10
Children	—	2	1	—	1
Totals	16	25	19	9	13

II.—Non-Pulmonary Tuberculosis.

	Remained at 1st January.	Admitted.	Discharged.	Died.	Remaining at 31st December.
Men	20	9	9	...	20
Women	23	39	24	3	35
Children	46	19	23	1	41
Totals	89	67	56	4	96

TUBERCULOSIS DISPENSARIES.

The number of new cases referred for examination to the Royal Victoria and Leith Dispensaries during the year was 3,489, compared with 3,673 in 1943 and an average of 3,102. The attendances of old cases have increased very considerably and these totalled 16,319, an increase of 3,755 over the average for the previous five years.

The table shows the attendances of old and new cases at both dispensaries during the past five years.

		Old Cases.		New Cases.	
		Edinburgh.	Leith.	Edinburgh.	Leith.
1940	...	8,252	1,540	2,516	443
1941	...	10,984	1,689	2,550	416
1942	...	11,874	1,936	2,901	314
1943	...	13,434	2,038	3,262	411
1944	...	14,360	1,959	3,184	305

Home Visitation.—The visitation of tuberculosis patients in their own homes is undertaken by the Medical Officers and a staff of trained nurses attached to the dispensaries. During the year 14,429 domiciliary visits were made and for comparison the numbers for the past five years are detailed below:—

1940	...	...	...	11,357
1941	...	...	...	12,719
1942	...	...	...	12,715
1943	...	...	...	12,885
1944	...	...	...	14,429

PULMONARY TUBERCULOSIS DEATHS IN SCOTLAND, 1934-1944.

YEAR.	SCOTLAND.	GLASGOW.	EDINBURGH.	DUNDEE.	ABERDEEN.
1934	2,794	876	302	95	90
1935	2,812	965	265	119	71
1936	2,753	974	287	107	71
1937	2,791	951	300	102	71
1938	2,581	956	286	111	67
Average 1934-38 ...	2,746	944	288	107	74
1939	2,717	972	285	109	68
1940	3,037	1,166	308	102	87
1941	3,117	1,133	301	106	79
1942	3,043	1,097	289	122	76
1943	2,976	1,036	321	95	74
Average 1939-43 ...	2,978	1,081	301	107	77
1944	2,978	1,101	255	113	77

It will be seen from the foregoing table that the average number of deaths in Edinburgh for the quinquennium 1939-43 was only 13 above the pre-war figure, while the number for 1944 had fallen to the lowest ever recorded for the City.

With the exception of the year 1943 when Edinburgh alone of the large cities showed an increase, the position compares very favourably with the other large towns in Scotland.

TUBERCULOSIS ALLOWANCES SCHEME.

The allowances paid under the Government Maintenance Allowances Scheme have undoubtedly been of real assistance to many households and it is to be hoped that before long the responsible authority will find it possible to remove certain of the restrictive measures in the scheme which so many patients at present find a genuine hardship. During the past year 131 applications were received for Tuberculosis Allowances. Of that number 67 were granted. Following medical investigation 44 cases were refused on medical grounds and 9 applicants were found to be ineligible for the grants on assessment. Of the total number of applicants, 11 withdrew their applications for various private and personal reasons. In 9 cases, the allowances were discontinued on the recipient being able to resume work.

Acknowledgments.—Mere words are quite inadequate to express my sincere and deep gratitude to all members of the Tuberculosis Staff for the ever willing, able and generous assistance they have at all times extended to me in the work of the Department.

CHILD WELFARE DEPARTMENT.

Statistics for the Year 1944.

Births	...	...	...	...	...	...	...	(Notified)	9,919
								(Corrected for transfers)	7,908
Infant Mortality Rate (per 1000 births)	...	...	...	...	...	...	...	...	51
Maternal Deaths	...	...	...	...	...	...	...	...	16
								(2.0 per 1000 births)	
No. of Deaths of Children under 5 years	...	...	...	...	...	...	...	...	485
No. of Child Welfare Centres at which various Clinics are held	...	...	...	...	...	...	...	...	20

Health Supervision and Minor Ailments.

No. of Clinics held	...	...	...	...	...	...	...	...	1,995
No. of New Cases seen (under 1 year)	...	...	...	...	...	...	...	5,795	
Do. (over 1 year)	...	...	...	...	...	...	...	1,706	
								<u>7,501</u>	
No. of Revisits (under 1 year)	...	...	...	...	...	...	...	37,157	
Do. (over 1 year)	...	...	...	...	...	...	...	17,374	
								<u>54,531</u>	
Total No. of Cases seen (under 1 year)	...	...	...	...	...	...	...	42,952	
Do. (over 1 year)	...	...	...	...	...	...	...	19,080	
								<u>62,032</u>	

Ultra-Violet Ray.

No. of Clinics held	...	...	...	...	...	...	...	...	820
No. of New Cases seen (under 1 year)	...	...	...	...	...	...	...	127	
Do. (over 1 year)	...	...	...	...	...	...	...	923	
								<u>1,050</u>	
No. of Revisits (under 1 year)	...	...	...	...	...	...	...	1,102	
Do. (over 1 year)	...	...	...	...	...	...	...	12,213	
								<u>13,315</u>	
Total No. of Cases seen (under 1 year)	...	...	...	...	...	...	...	1,229	
Do. (over 1 year)	...	...	...	...	...	...	...	13,136	
								<u>14,365</u>	

Rheumatic.

No. of Clinics held	...	...	...	...	...	...	...	...	52
No. of New Cases seen	...	...	...	...	...	...	...	32	
No. of Revisits	...	...	...	...	...	...	...	282	
								<u>314</u>	

Ante-Natal.

No. of Clinics held	...	...	...	...	...	...	...	...	1,183
No. of New Cases seen	...	...	...	...	...	...	...	7,738	
No. of Revisits	...	...	...	...	...	...	...	43,985	
								<u>51,723</u>	
No. of Post-natal Cases	...	...	...	...	...	...	...	4,284	

Home Visits to Mothers and Children.

				1st Visits.		Subsequent Visits.		Ante-natal.	
				-1 yr.	+ 1 yr.	-1 yr.	+1 yr.	-1 yr.	+1 yr.
By Health Visitors	...	...		5,954	387	12,891	22,600	1,243	776
„ Students	...	...	...	496	53	1,552	4,606	131	105
				6,450	440	14,443	27,206	1,374	881
				6,890		41,739		2,255	
				48,629					

CITY OF EDINBURGH.
INFANT MORTALITY AND NEONATAL MORTALITY RATES.
(Per 1000 Births).

Year.	Infant Mortality Rate.	Quin- quennial Average	Neonatal Mortality Rate.	Quin- quennial Average.	Mortality Rate 1-12 Months.	Quin- quennial Average.
1911	115		42		73	
1912	110		45		66	
1913	101		41		60	
1914	110		44		66	
1915	132	114	44	43	88	71
1916	100		45		55	
1917	123		42		81	
1918	94		40		54	
1919	117		43		73	
1920	89	105	38	42	51	63
1921	96		38		58	
1922	91		37		54	
1923	82		33		49	
1924	89		36		54	
1925	96	91	33	35	63	56
1926	80		30		50	
1927	80		33		47	
1928	75		31		44	
1929	80		35		45	
1930	82	79	32	32	49	47
1931	69		33		36	
1932	73		32		41	
1933	66		32		34	
1934	62		29		34	
1935	70	68	34	32	35	36
1936	68		34		34	
1937	70		38		32	
1938	61		34		27	
1939	59		33		27	
1940	68	65	34	35	34	31
1941	66		32		34	
1942	56		29		27	
1943	54		27		26	
1944	51		28		23	

DEPARTMENT OF VENEREAL DISEASES.

CLINICAL OFFICER'S REPORT FOR THE YEAR 1944.

The statistical returns for 1944 show a decrease in the number of those presenting themselves at the Clinics, the 1944 total of new applicants being 3,958, as against 5,124 in 1943, a decrease of 1,166.

Of the new applicants examined, the number found to be infected was 2,180, a decrease on the figure 2,894 recorded in 1943. The details of the 1944 infections are given in tabular form and for comparison are followed by the figures for 1943, the latter being in brackets :—

Syphilis	...	...	...	821	(1,066)	37·7	(36·9)	per cent.
Gonorrhœa	...	...	...	648	(994)	29·7	(34·4)	"
Chaneroid	...	...	...	30	(28)	1·4	(0·8)	"
Non-specific venereal disease	...	...	...	681	(806)	31·2	(27·8)	"

The patients admitted to hospital numbered 855 as against 1,278 in 1943. The out-patient attendances have decreased to 67,571 as compared with 73,952 in 1943.

War Conditions.—The total (821) of new cases of syphilis marks a sharp decline from the totals (1,066 and 1,082) recorded in 1943 and 1942, the diminution amounting to more than a fifth of the figures for these peak years. It is significant that the number of cases occurring in women now exceeds the number occurring in men, the state of affairs thus reverting to that which prevailed in 1938, 1939 and 1940; in 1941, 1942 and 1943, the male cases greatly exceeded the female. No doubt these figures have been influenced by changes in the distribution of the population of South-East Scotland, as between males and females, the year 1944 witnessing a great transference of men away from this area. The relatively large number of women found to be suffering from early syphilis indicates that conditions still exist which would favour a rapid spread of this disease.

Total New Cases of Syphilis.

Year.	Males.	Females.	Total.
1938 ...	342	360	702
1939 ...	321	423	744
1940 ...	328	384	712
1941 ...	550	362	912
1942 ...	690	392	1,082
1943 ...	598	468	1,066
1944 ...	406	415	821

A further analysis of the patients suffering from syphilis shows the distribution of the cases to be as follows :—

Year.	Early Syphilis.		Syphilis under Treatment.		Later stages of Syphilis.		Congenital Syphilis.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Women & Children
1938 ...	94	30	80	45	145	136	23	149
1939 ...	137	62	50	84	117	123	17	154
1940 ...	142	88	50	42	125	122	11	132
1941 ...	345	87	78	47	106	104	21	124
1942 ...	445	183	107	42	110	73	28	94
1943 ...	313	196	174	66	97	79	14	127
1944 ...	117	133	189	43	89	94	16	140

Early Syphilis.—This table makes it clear that the fresh infections of syphilis in both men and women have diminished, but that the decrease is much greater for men than for women, the number of women so infected being still more than four times the number for 1938.

Syphilis under Treatment.—The number (189) of males falling under this heading is more than four times the number of females, this striking difference between the sexes being accounted for by the fact that there are far more men travelling about the country or sailing in ships and receiving their treatment in different places, continuity being aimed at by the travellers or sailors being provided with personal record cards, forms V.15 or V.44, in which are entered details of the tests made or treatment given at the various Centres visited.

Later Stages of Syphilis.—On the whole, the tendency of these cases to decline is continued. As was noted in regard to the early infections, here again the female cases outnumber the male, this trend also possibly reflecting the influence of the transference of men, especially, away from this area.

Congenital Syphilis.—In the 1943 Report, it was noted that, in spite of the wartime increase in early syphilis, the cases of congenital syphilis were decreasing. The 1944 figure for females, however, is the highest recorded since 1939, and this may be an indication that the wartime increase is beginning to show its harmful effects on the next generation also.

The chief active measure directly designed to minimise the occurrence of the congenital transmission of syphilis, namely the routine Wassermann and Kahn blood-testing of expectant mothers, has continued in operation in the Royal Infirmary Maternity Department. During 1944, the number of expectant mothers blood-tested was 2,887, and of these 28 were found to require treatment for syphilis and were given such treatment. In last year's Report, there was emphasized the desirability of extending this procedure of routine blood-testing to include all the other antenatal clinics in the City, and the tendencies now recorded in no way lessen, but rather heighten the urgent need of making these safeguards available for the applicants at all the antenatal clinics throughout the City.

Gonorrhœa.—The table now appended shows the incidence in the pre-war and war years.

New Cases of Gonorrhœa.

Year.					Males.	Females.	Total.
1938	...	...	...	...	780	288	1,068
1939	...	...	...	...	561	242	803
1940	...	...	...	...	609	205	814
1941	...	...	...	...	803	284	1,187
1942	...	...	...	...	835	278	1,113
1943	...	...	...	...	688	306	994
1944	...	...	...	...	397	251	648

The figures given above at once raise the questions, "Does the drop in 1944 really represent a substantial reduction in the amount of this disease?" and

"Can these figures be interpreted to mean that gonorrhœa has become less prevalent?" In answer to these questions it may be said that no doubt the impact of sulphonamide drug therapy should help to bring the disease under control, but it seems more likely that the present sudden drop means that the tendency noted in the 1943 Report for gonorrhœa to be treated outside the Clinics is growing apace: the cases which are eventually sent to the Clinics are often those which have first been treated privately and in which the treatment applied has not been successful in eradicating the disease.

In proportion to the new cases of syphilis, which for 1944 number 821, the new cases of gonorrhœa have shrunk to such an amazing extent that the figure now quoted, namely 648, is the lowest recorded since 1926. The drop in the male cases is much more marked than the diminution (compared with 1941, 1942 and 1943) in the female cases, the figure for women still being higher than that recorded in 1939 and 1940. As was noted in connection with the new cases of syphilis, it is probable that the relatively greater decrease in the male cases reflects the change in the distribution of the population consequent upon the transference of men away from this area.

Jaundice complicating anti-syphilitic treatment.—The graph opposite shows the results of various measures which have been taken to combat "post-neoarsphenamine hepatitis" with jaundice, that elusive and persistent bugbear of the arsenical chemotherapy of syphilis.

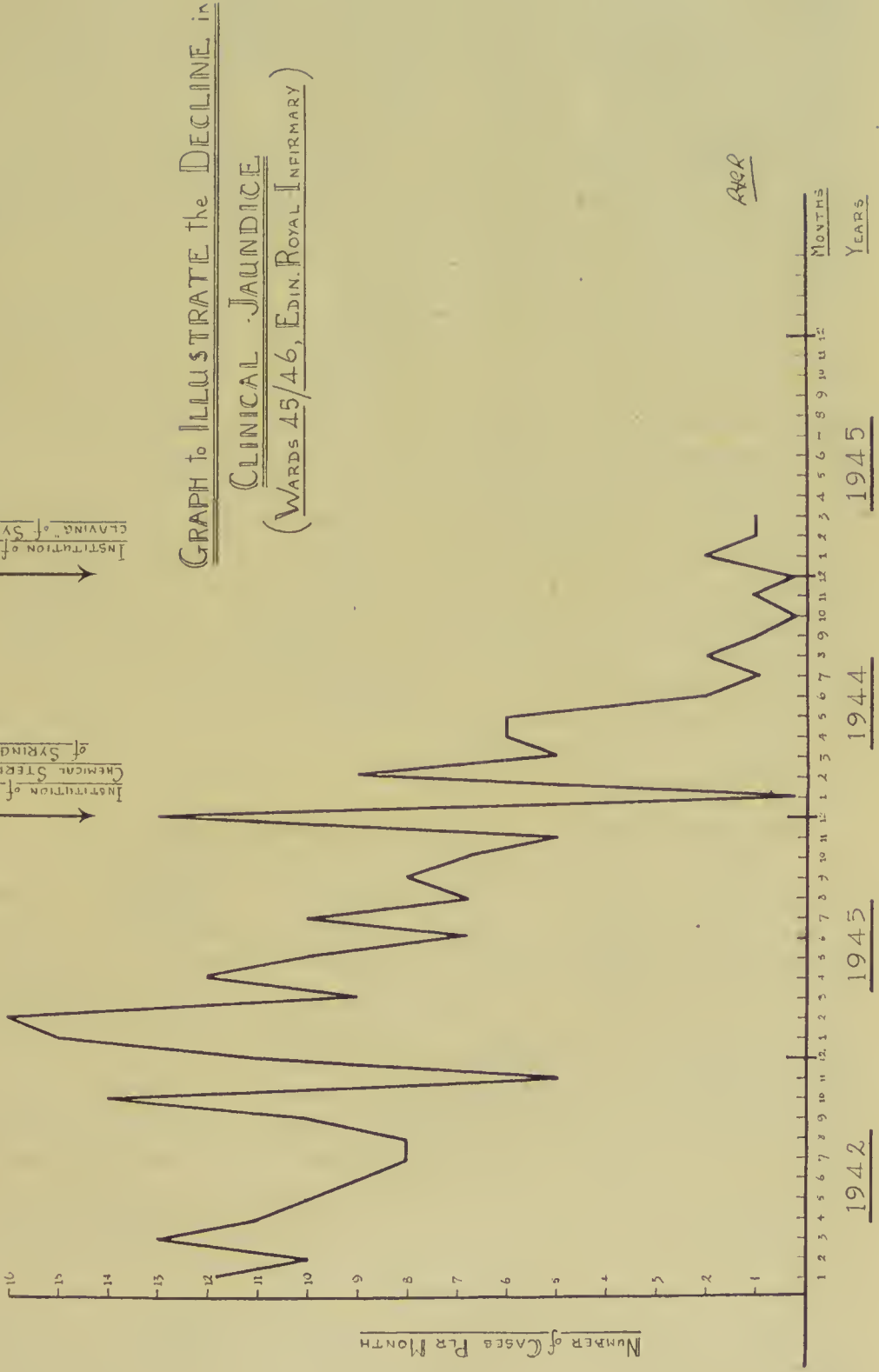
In addition to the adoption, in January 1944, of the prolonged chemical sterilisation of syringes, and later the institution in January 1945, of the autoclaving of syringes and needles, another factor with possibly an important bearing on the result was the choice, as from January 1944, of mapharside as the routine arsenical for the treatment of early infections in men: the other measures also were applied to the male patients in whom the incidence of jaundice has always been higher than in the women. The graph shows that the procedures adopted have resulted, for the time being anyhow, in almost eliminating hepatitis as a drawback and handicap in the treatment of syphilis.

The use of Penicillin in the treatment of venereal diseases.—The year under review, 1944, has witnessed the introduction of the potent new anti-infective remedy, Penicillin, in the treatment of both of the two chief venereal diseases, gonorrhœa and syphilis. The advent of a single drug which can rapidly cure both these serious highly transmissible diseases marks the commencement in the chemotherapy of venereal disease of a new era, the possibilities of which, though as yet they cannot be estimated, are bound to be of far-reaching significance. To begin with, supplies were strictly limited, and the new drug was used mainly against gonorrhœa, as the estimated effective dosage for gonorrhœa was 100,000 Oxford units or less, whereas the estimated effective dosage for early syphilis lay in the neighbourhood of 2,400,000 units.

Most of the male patients treated with penicillin during 1944, in the period 12th June to 31st December, were cases of gonocœcal urethritis: there were 12 of these cases, of whom 7 were sulphonamide-resistant and 5 acute. Complications of gonorrhœa accounted for another 4 cases, two of gonocœcal iritis, and one each of gonocœcal arthritis and gonocœcal epididymitis. The results achieved

INSTITUTION of "Prolonged
Chemical Sterilization
of Syringes"

INSTITUTION of "Auto-
claving" of Syringes



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in this small group of patients confirmed the impression that, when given by intramuscular injection in suitable dosage (for example, four injections each of 40,000 units, given at intervals of three hours), penicillin could be relied upon to cure even sulphonamide resistant cases of gonorrhœa with, apparently, almost absolute certainty. The result of penicillin treatment in a complication like recent epididymitis was also satisfactory. The cases of recurrent iritis improved under penicillin therapy, but one relapsed twice afterwards. When first received into the Ward the case of post-gonococcal arthritis already had much periarticular change with adhesions and fibrous ankylosis: it required two courses of penicillin, one given by intramuscular drip, to combat the infective process, and improvement was slow and convalescence prolonged.

The female cases treated with penicillin numbered 6, four adults and two babies. The four adult cases were all suffering from complications of gonorrhœa: there were two cases of gonococcal salpingitis, one of gonococcal Bartholinian abscess, and one of recent acute gonococcal arthritis. The cases of salpingitis and acute arthritis were quickly cured: the abscess improved with a subcurative dose of penicillin, and then cleared up completely when Sulphathiazole was exhibited. The case of gonococcal arthritis had also advanced secondary syphilis, the signs of which cleared up rapidly on a dosage subcurative for syphilis, and the anti-syphilitic treatment was then continued on routine lines with "914" and Bismuth. Of the two babies, one had a staphylococcal septicæmia and was quickly cured. The other baby had acute congenital syphilis complicated by staphylococcal pyæmia and bacillus coli urinary infection: under penicillin treatment, the syphilis improved, the strongly positive blood Wassermann and Kahn tests being quickly reversed; the staphylococcal pyæmia cleared up; but the bacillus coli infection was not appreciably affected.

Fever Cabinet Treatment.—During 1944, pyrexial therapy in the fever cabinet was administered to 18 patients, who between them received a total of 89 sessions of inductothermy. The patients treated were mostly suffering from complications of syphilis (especially involvement of the central nervous system), and gonorrhœa, and the clinical conditions calling for this form of treatment comprised the following:—general paresis, 11 cases; gonococcal arthritis, 3 cases; gonococcal iritis, 3 cases; tabes dorsalis, 1 case; thrombo-angiitis obliterans, 1 case. Clinical and/or serological improvement was achieved in 12, that is in 67 per cent. of these obstinately resistant and highly disabling sequelæ of venereal diseases. During this total of 89 fever treatments, impending collapse of the patient threatened on more than one occasion but actual collapse was always averted by the vigilance and prompt action of the sister and nurses in attendance. Before being accepted as eligible for the somewhat drastic fever therapy, each patient is subjected to a searching clinical examination to ensure that his respiratory mechanism is not impaired and that the heart and circulatory system are fit to stand the strain.

Prior to 1944, patients suffering from gonorrhœa which had resisted the sulphonamide drugs made up the largest group of those selected for the fever cabinet, but this group was practically eliminated in the year under review when it was found that penicillin could be depended upon to cure even "drug-resistant" gonorrhœa.

Default.—When it comes to be more generally used, penicillin should have important effects on default, both in minimising the objectionable influence of default, and also in rendering default more insidious and treacherous both to the individual and to the community. With penicillin as the therapeutic agent, almost all the gonorrhœa cases should be rendered free from gonorrhœal infection, and therefore harmless from the point of view of spreading this disease, in 24 or 48 hours. Most of the early cases of syphilis, treated as such, the primaries and secondaries, in whom resides chiefly the danger of passing it on, can apparently be cured by being taken into hospital and given 60 three hourly injections of penicillin over so short a period as 7 or 8 days. After their short spell of active treatment, the gonorrhœa cases must be observed over a period of six months, and the syphilis cases must be watched and tested for 12 to 24 months: if they cease attending in less than the required period of surveillance, they are technically in default, but, in the vast majority of the cases, they should be non-infectious and therefore not a potential source of danger to the community.

In the case of gonorrhœa, however, it will be essential to prolong the hitherto customary period of observation of some 3 to 4 months to about double this period for the reason that the relatively small dosage of penicillin sufficient to cure gonorrhœa would only delay and make less easily recognizable the onset of the more slowly incubating disease syphilis.

The following table shows for the last seven years the annual fluctuations in the defaulter rate, that is in the numbers of patients who cease to attend before their treatment and period of testing and observation have been completed.

Defaulters.

Year.				Number.	Per Cent.
1938	...	...	...	528	23.5
1939	...	...	...	539	24.3
1940	...	...	...	393	23.9
1941	...	...	...	397	19.8
1942	...	...	...	376	20.8
1943	...	...	...	404	23.4
1944	...	...	...	328	23.0

This table indicates that while the actual number of defaulters is smaller, the percentage rate has remained relatively constant.

During 1944 the total number of patients under treatment was 7,732: during the year, 328 patients defaulted, 1,004 were transferred to other centres for continuation of treatment, 2,636 were discharged and 49 died, thus leaving at the end of the year 1,828 patients still under observation and treatment.

Defence Regulation 33B.—The following is a summary of the year's working of Regulation 33B:—

Defence Regulation 33B.

Number of cases notified once only	...	...	...	...	...	...	174
Number of cases notified twice or more	...	...	...	...	...	...	11
Total number of cases notified	...	...	...	...	...	...	<u>185</u>
Total notifications received	...	...	...	...	...	...	<u>200</u>

Action taken on Cases Notified once.

Number who reported to Clinics	...	...	...	...	...	...	62
Number referred to Army Authorities	...	...	...	...	...	...	25
Number referred to Naval Authorities	...	...	...	...	...	...	12
Number referred to Local Authorities	...	...	...	...	...	...	9
Number who could not be traced	...	...	...	...	...	...	60
Number who refused examination	...	...	...	...	...	...	2
Number for further investigation	...	...	...	...	...	...	3
Number who have not yet reported	...	...	...	...	...	...	1
Total							<u>174</u>

Action taken on Cases notified more than once.

1 case notified four times	...	Reported to Clinic on being asked to do so.
2 cases notified three times	...	Reported to Clinic on being asked to do so.
6 cases notified twice	...	Reported to Clinic on being asked to do so.
1 case notified twice	...	Referred to Naval Authorities.
1 case notified twice	...	Cannot be traced.

This report indicates that, during 1944, 71 persons were traced, interviewed and induced to report to the clinics. The medical examination of these 71 individuals showed that 54 (76 per cent.) had infections and 48 (68 per cent.) were found to be suffering from a major venereal disease, that is, either syphilis or gonorrhœa. In one more year, therefore, Regulation 33B. has been vindicated in that its operation has brought to light many hidden sources of spread of infection. This success in the operation of the Regulation, a piece of social activity involving difficult and delicate adjustments, is a tribute to the work of the almoner service, details of which are now appended :—

The Nurse Almoner's Report shows that, during the year, 752 cases were submitted for investigation and follow up. Of the number submitted, 704 or 93·6 per cent. returned to the Clinics for continuation of their treatment. The nurse almoner paid 1,890 visits during the year.

The Clinical Officer thanks all the members of the medical, nursing, almoner, and clerical staffs whose good work contributed so largely to the results recorded in this report.

SCHOOL MEDICAL SERVICE.

REPORT BY THE SCHOOL MEDICAL OFFICER.

(SESSION 1943-44.)

During session 1942-43 it had been anticipated that there would be an increase in uncleanness because of more mothers going out to work: this increase did not occur. It has occurred now, however, as will be seen in the statistics for "nits and vermin" (below) which show an increase from 5.2 to 7.1 per cent. It will be noted that there was no increase in routine cases where parents are informed that the examinations are to be made, but in class examinations which are in the nature of a surprise, the increase was marked.

That most of the defects are slight is shown by the table of "Fitness for Evacuation," a classification made in 1939 and retained as a useful standard of yearly comparison. From this it will be seen that those "Fit" have been reduced by 2.4 per cent., from 79.2 to 76.8, while those with "Slight Defect," that is, a few nits, have been increased by 2.3, and those with "Marked Defect," that is, vermin, many nits, seabies, etc., have been increased by 0.1 per cent.

There were two matters of some interest in the dental condition of school children. One was the increase of tartar on the teeth for which 620 children were treated, an increase of 200 over the previous year. Pre-war it was not usual to find tartar on the teeth of young children but now it is even found occasionally on the lower teeth of six-year-olds.

The second matter of dental interest was the increase in Vincent's Ulcerative Stomatitis—"Trench Mouth"—particularly in girls. The figures for the last three sessions are :—

1941-42	...	...	...	Girls	61	Boys	34	97
1942-43	...	...	...		70		45	115
1943-44	...	...	...		104		54	158

The condition is highly infectious and necessitates frequent, sometimes daily attendance at the Clinics in addition to prescribed treatment at home.

Under the Child Guidance Scheme two additional psychiatric social workers have been appointed, making three. Their services have been fully utilised and very welcome for, without any advertisement, the work has continued to increase with urgent cases and the waiting-lists to lengthen.

Cleanliness.—There has been an increase of uncleanness. This had been anticipated in 1942-43, based on the experience of other areas, but it did not then eventuate. Comparative figures for the last five sessions are :—

		Inspections.	Nits and Vermin. Per cent.
1939-40	...	97,841	18.7
1940-41	...	63,469	8.1
1941-42	...	66,567	6.7
1942-43	...	62,496	5.2
1943-44	...	71,249	7.1

Fitness.—The standard of fitness introduced during inspections for evacuation in 1939-40 has been retained in subsequent years for comparison. Children with "slight defect" could be rendered "fit" in a few hours, and those with "marked defect" would require to remain in a hostel for some days or be subject to a special evacuation arrangement.

	1940-41	1941-42	1942-43	1943-44
Examinations	39,720	40,151	28,128	40,514
Fit	70.6 per cent.	75.1 per cent.	79.2 per cent.	76.8 per cent.
Slight Defect ...	21.3 ,,	18.8 ,,	16.2 ,,	18.5 ,,
Marked Defect	8.0 ,,	5.9 ,,	4.5 ,,	4.6 ,,

Scabies.—At the six centres, four First Aid Posts and two Clinics, a total of 3,967 patients of all ages were treated. Comparative yearly figures since the opening of the Posts for treatment of scabies are given below.

Year.	Age Group.			Total.	Attendances.
	0-5.	5-15.	Over 15.		
1942 (ten months)	510	2,844	366	3,720	31,742
1943	607	3,504	1,066	5,177	37,900
1944	466	2,592	909	3,967	31,120

Children reported as absent because of scabies during the same period were:—1942, 2,894; 1943, 3,602; 1944, 2,417.

Co-operation of Teaching Staff.—I would again record my appreciation of the great assistance given in medical matters by teaching staff.

SUMMARY OF STATISTICS.

MEDICAL INSPECTION AND TREATMENT.

Routine (age groups) Inspections	...	...	...	...	...	...	...	14,446
Special Inspections—								
In Schools	...	...	...	...	...	...	...	18,020
In Classrooms	...	...	...	...	...	...	...	45,383
In Clinics (Doctors)	...	...	...	...	...	...	...	6,608
In Clinics (Nurses)	...	...	...	...	...	...	...	30,123
In Clinics (Scabies)	...	...	...	...	...	...	...	33,637
For Vision and Hearing (7 year olds)	...	...	...	...	...	...	...	4,420
Evacuation	...	...	...	...	...	...	...	1,025
								<hr/> 139,216
								<hr/> 153,662

Evacuation.

Called for examination	...	...	1,589	
Failed to appear	...	...	564	
Examined	...	...	1,025	(Passed 743: deferred 282).

Diphtheria Immunisation 1,114

Neglected Children.—23 warning notices were served upon parents in connection with various forms of alleged neglect of their children.

Home Visits by Nurses 1,714

Defective Children—

Statistics regarding—

(a) Medical Psychologist—

For admission to special schools	...	...	...	...	...	...	122
Backward	...	...	...	...	...	...	28
Dull	...	...	...	...	...	...	142
For further consideration	...	...	...	...	...	...	30
Inedueable	...	...	...	...	...	...	43
Total Number examined	...	...	...	...	...	...	365

(b) Psychiatrist—

Total referred	...	...	...	...	...	...	375
Diagnostic interviews	...	...	...	...	...	...	347
Refused to attend	...	...	...	...	...	...	24
Waiting for Diagnostic Interview on 1st September 1944	...	...	...	...	...	...	4
Accepted for treatment	...	...	...	...	...	...	133
Waiting for treatment on 1st September 1944	...	...	...	...	...	...	98
Treatment interviews	...	...	...	...	...	...	800

On 2nd June 1944, referrals were restricted to urgent cases as, with the existing staff, the waiting-list was reaching unmanageable dimensions.

(c) Psychiatric Social Worker—

Interviews in Clinic	...	...	...	...	...	...	501
Home Visits	...	...	...	...	...	...	657

No. of children resident in the following Institutions :—

Blind—

Royal Blind School	21 (Boys, 10 ; Girls, 11)
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Deaf—

Donaldson's School	56 (Boys, 22 ; Girls, 34)
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Deaf and Blind—

St. Vincent's R.C. School	7 (Boys, 4 ; Girls, 3)
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Epileptic—

Colony for Epileptics	1 (Boy)
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Mental Defectives—

Gogarburn Institution	22 (Boys, 12 ; Girls, 10)
Lennox Castle	16 (Boys)
Larbert Institution	...	...	...	...	...	1 (Boy)
St. Joseph's	7 (Boys, 6 ; Girls, 1)

Psychological Residential School—

Rudolph Steiner	3 (Boys)
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Total 134

Royal Blind Asylum—

Trainees (resident)	20 (Men, 16 ; Women, 4)
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Examinations by Specialists—

Oculists	3,333 (glasses prescribed in 2,118 instances) (3,615 attendances).
Aurists	...	...	...	...	1,638 (1,225 recommended for operation) (2,003 attendances).
Skin	...	...	...	...	64 (310 attendances).

Inspections and Treatment by Dentists—

Dental Clinics :

Inspected	...	...	...	...	19,971
Treatment offered	...	...	...	...	12,728
Accepted	...	...	...	...	7,130 (10,641 attendances)
Defaulted	...	...	...	...	3,312
Emergencies	1,183 (1,977 attendances)

At Camps, etc :

Inspected	1,101 (treated 567)
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Infectious Diseases—

Absences from School due to Infectious Disease 17,250 (of which 2,292 were contacts).

Court Cases—

Number examined	186
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Evacuation—

Total number of Edinburgh Children in reception areas—

December 1940	4,500
December 1941	...	...	...	...	3,700
June 1942	...	...	...	...	3,268
July 1943	...	...	...	...	1,905
July 1944	...	...	...	...	1,409

Number of unaccompanied children evacuated during the session (this includes 85 sent to Middleton and 91 sent to Broomlee) ... 482

Number of mothers with children evacuated during session ... 8

Number of children accompanied by their mothers evacuated during session ... 13

(These figures include 1 mother and 2 children evacuated to Eire).

Number of children from other Evacuation Areas billeted in Edinburgh— ... 2,800

P.D. and M.D. Children evacuated—

Humbie	43 (P.D.)
Middleton House	39 (P.D.)
Cowdenknowes	20 (P.D.)
Smeaton House	37

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Diabetic Children.—Through the kindness of the Renfrewshire authorities, five diabetic children have been evacuated to Wiston Lodge and are included in the Renfrewshire Diabetic Scheme.

Spectacles—

Spectacles provided by Education Authority—1,599 pairs (123 pairs provided free; 1,476 paid for by parents).

Meals and Milk—

Meals to 15/5/44	2,559,454
Average cost per meal	...	...	...	...	8.6d. (5d. for food; 3.6d. Admin.)
Gross cost	...	...	...	...	£91,949
Net cost	...	...	...	...	£35,749
Applications for free meals	...	...	...	...	1,036 applications by parents or guardians.
Applications granted	...	...	...	...	653
Milk: On payment of $\frac{1}{2}$ d.	...	...	...	...	10,910,160 (one-third pint bottles)
Free	...	...	...	...	60



Nurses from Public Health Department Hospitals taking part in Thanksgiving Demonstration
in Princes Street—May 1945.

CITY HOSPITAL FOR INFECTIOUS DISEASES.

REPORT BY THE MEDICAL SUPERINTENDENT.

During 1944 the number of patients admitted to the City Hospital was 4,461, of which 281 were suffering from tuberculosis. Forty-five patients were admitted at the request of neighbouring authorities, and 425 were Service patients. The greatest number under treatment on any one day was 536 on 30th December, and the lowest, 355, on 30th August. The daily average under treatment was 434.

Examination of the total number of confirmed cases of the various diseases admitted to the hospital does not disclose special prevalence of any with the exception of bacillary dysentery, which, with 949 notified admissions and 597 bacteriologically confirmed cases, stands next to scarlet fever as the disease for which admission is most frequently sought. The transformation of this disorder, which was an exotic infection in the general population and practically unknown outside mental hospitals in the first thirty years of this century, into one of our commonest infections is an event which in its implications is a challenge to public health workers.

With the virtual elimination of the enteric infections which followed the sanitary and environmental improvements of the past fifty years it was assumed that the problem of intestinal infection had been largely solved, but the rapid increase in bacillary dysentery suggests that these in themselves are not enough, and that the ultimate responsibility in the case of this disease must literally be put in the hands of the individual citizen, and that much higher standards of personal hygiene must be inculcated. Although widespread in the community the case fatality is low, and in a high proportion of cases the disorder causes little more than temporary upset. Indeed its prevalence may be attributed to this fact since numerous unknown foci of infection are continuously present in the community and these, coupled with the great enlargement of facilities for communal feeding introduced during the war, many of an improvised nature and poor in respect of premises and equipment, must make persistent infection inevitable.

The case fatality of diphtheria continues to fall slightly, and that for cerebrospinal fever, at 5.71 per cent., has reached what ten years ago would have been regarded as a fantastically low level.

The most important event of the year from the medical standpoint was the release of penicillin for civilian use in infectious hospitals. Much careful work will be necessary before a balanced verdict on the value of this remedy can be presented.

Appointment of Matron.—Miss M. I. Adams, Matron of the Isolation Hospital, Norwich, was appointed Matron of the City Hospital in July, and took up duty on 1st November.

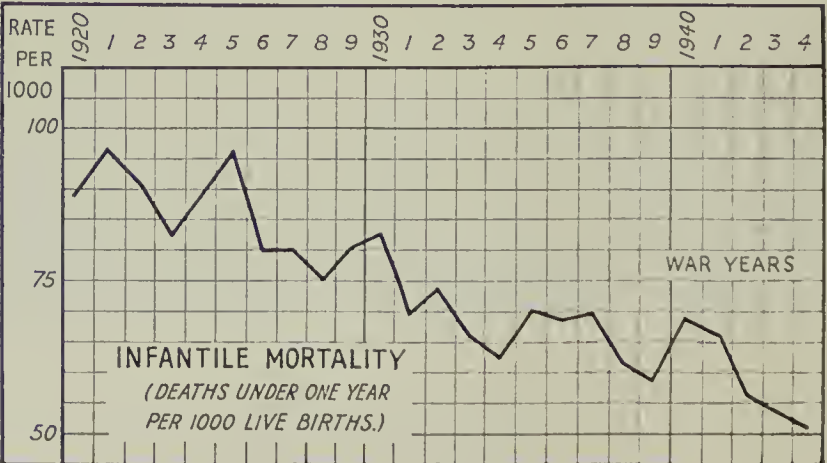
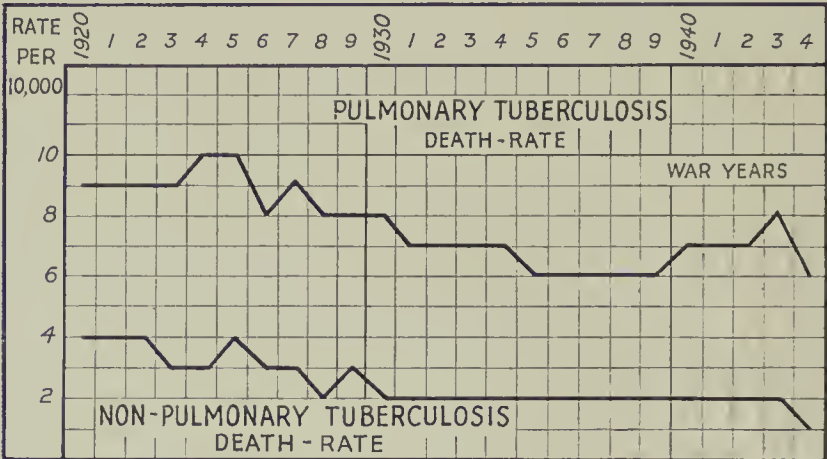
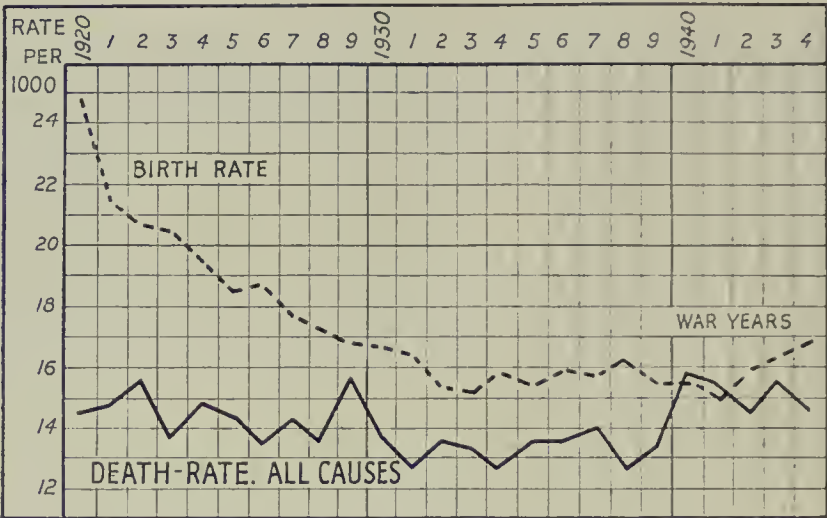
Administration.—The exigencies of the war imposed the restriction on supplies and labour which have obtained in previous years. The adoption of the Hetherington Report by the Joint Industrial Council and the application of the salary scales and conditions of service considerably improved the status of the domestic staff



The Right Hon. JOHN I. FALCONER, Lord Provost of the City,
shows his chain of office to City Hospital Nurses—Christmas 1944.

CITY OF EDINBURGH.

GRAPHS SHOWING RISE AND FALL IN BIRTH-RATES AND DEATH-RATES
1920-1944.



but did nothing to increase the number of individuals willing to undertake work in this branch of the hospital service. During the year quarterly returns of domestic and other staff deficiencies at the hospital continued to be made to the Department of Health for Scotland, but the shortages continued to run at about the same level. As far as recruitment of nursing staff was concerned numbers were more or less equal to requirements but difficulties were again encountered in obtaining ward sisters willing to undertake tuberculosis work.

Medical Instruction.—Two hundred and thirty-four undergraduates attended demonstrations in acute infectious diseases at the hospital, these being divided into 6 sections involving approximately 100 hours' teaching. Students of the Polish Medical School again visited the hospital for instruction by their own teachers during the summer term.

Training of Nurses.—Towards the end of the year a beginning was made with a preliminary training school, all nurses entering the hospital for training spending the first two weeks as an introductory period during which they receive instruction in elementary nursing and personal hygiene with only a minimum amount (12 hours per week) of ward work.

Thirty-nine nurses completed their training during the year and 34 were granted State Registration as fever nurses after examination. In addition 6 nurses from Kirkealdy Hospital, which is affiliated to us, completed one year's training here and passed the State Examination, 1 nurse from Sanderson Hospital, Gala-shiels, also affiliated to us, completed 2 years' training here and passed the State Examination. Five general-trained nurses obtained State Registration as fever nurses after 1 year's training. Three nurses left to be married and 36 proceeded to general training schools for further training.

Acknowledgments.—Throughout another trying year under war conditions I have great pleasure in acknowledging the great help given by every one. Dr. Scott Forrest, who has given me assistance in preparing the details of the annual report, has been indefatigable in promoting the efficiency of the hospital, while for nearly the whole year Miss Broatch, Acting Matron, maintained a good standard of work in the nursing and domestic staff. The Steward, Mr Stirling, has also presided over his department with his usual success, and to his efforts much of the smooth working of the hospital has been due.

MUNICIPAL GENERAL HOSPITALS.

WESTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The statistics below show the work carried out at the Western General Hospital during the year 1944.

Total admissions were 4,654, an increase of 3 per cent. on the 1943 figures. This slight increase, less than that of the previous year, can be accounted for by the fact that for a period of time before and after "D-Day," many empty beds were kept standing awaiting casualties, ordinary admissions being restricted to maintain this reserve of beds.

All departments of the hospital continued much as before, the usual increase being noted in the turnover of the X-Ray and Massage Departments.

The Paderewski Hospital admissions also increased, being 1,537 compared with 1,426 for the previous year. The number of out-patients increased remarkably, leaping from 5,000 to the 15,000 level.

The nursing staff during the year gave admirable and willing service, and the nurses training school continued on the same high level as before. Conditions were rendered more difficult because of the cut in the period of training imposed by the Ministry of Labour, and the shortage, nationwide it seems, of new recruits.

The domestic staff, still short in numbers, continued to render yeoman service. It is to be hoped that the coming year will see a very definite improvement in the numbers of this staff.

Convoy reception, a new experience for many, brought considerable strain to bear on all members of the staff, from time to time. I would like to say how well every one rose to the occasion and how easy it was because of this to administer this type of work.

I should like to express my indebtedness to the visiting and resident medical staff of the hospital for their co-operation during the past year, rendering the task of being a Superintendent so much lighter.

Lastly, I should like to express my appreciation to the Matron for her services and help.

Statistics for the Year 1st January to 31st December 1944.

				Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Adults	{	Males		56	962	820	80	118
		Females		81	2,045	1,989	66	71
Children	{	Boys		45	850	826	31	47
		Girls		17	788	763	19	23
Totals				199	4,654	4,398	196	259

The number of cases treated during the year was 4,853, which included the following :—

Military	...	...	...	319	Q.A.I.M.N.S.	...	...	1
R.A.F.	...	...	...	9	Merchant Navy	...	...	6
A.T.S.	...	...	...	16	R.N.	...	...	8
W.R.N.S.	...	...	...	1	P.O.W.	...	...	40
N.A.A.F.I.	...	...	...	1	Scheme cases	...	...	126
Total Beds	...	...	...	...	434 + 110	Paderewski		
Average number of occupied beds	...	...	...	...	223	Hospital.		
Average length of stay, in days, per patient...	...	...	...	...	18			
Highest daily number of patients	...	...	...	...	306—27/11/44	Excludes		
Lowest	..	..	..	...	131— 13/8/44	Paderewski		
						Hospital.		

Table to show the results of Treatment or Termination of Illness.

Cured	...	...	3,418	Not improved	...	...	277
Improved	...	...	703	Died	...	...	196
Remaining under treatment	...	...	...	...	...	259	

CAUSES OF DEATH.

					Adults.		Children.	
					Males.	Females.	Boys.	Girls.
1. Infectious and parasitic diseases	...	...	...	...	5	4	1	2
2. Cancer and other tumours	...	...	...	...	21	13	...	...
3. Rheumatism, Diseases of Nutrition and other general diseases	...	...	...	...	...	2	...	...
4. Diseases of the blood and blood-forming organs	...	...	...	...	...	1	...	...
5. „ nervous system and sense organs	...	...	...	...	4	12	...	1
6. „ circulatory system	...	...	...	...	22	11	...	2
7. „ respiratory system	...	...	...	...	5	2	6	4
8. „ digestive system	...	...	...	...	6	8	1	1
9. Non-Venereal diseases of genito-urinary system	...	...	...	...	13	6	1	1
10. Diseases of pregnancy and childbirth	...	...	...	...	...	...	...	...
11. Diseases of skin and cellular tissues	...	...	...	...	...	1	...	1
12. „ bones and organs of locomotion...	...	...	...	...	1	1	...	...
13. Congenital malformations	...	...	...	...	...	...	3	1
14. Diseases of early infancy	...	...	...	...	...	...	18	5
15. Deaths from violence	...	...	...	...	3	5	1	1
					80	66	31	19

Number of Post-mortem examinations, 145 (includes 30 Poles).

SPECIAL DEPARTMENTS.

During the year 738 operations were performed ; 378 of these were major operations and 360 minor operations. A general anaesthetic was administered in 599 operations, and 126 operations were carried out with a spinal anaesthetic ; 13 operations were performed under local anaesthesia or without an anaesthetic.

CLASSIFICATION OF OPERATIONS.

1. Operations on brain, spinal cord and peripheral nerves	...	...	...	11
2. „ lymph glands	...	...	...	12
3. „ upper air and food passages	...	...	...	1
4. „ breast and thorax	...	...	...	14
5. „ abdomen	...	...	...	200
6. „ genito-urinary organs	...	...	...	153
7. „ bones and joints (including amputation)	...	...	...	65
8. Various unclassified operations	...	...	...	102
9. Abscesses—incisions, etc. (including out-patients)	...	...	...	180

Number of plasters ... 203.

738

EAR, NOSE AND THROAT DEPARTMENT.

Total number of operations	...	...	...	...	...	...	448
Operations on tonsils and adenoids	...	...	...	...	...	...	343
„ for mastoid, etc.	...	...	...	...	...	...	14
„ on nose and throat	...	...	...	...	...	...	91
							<hr/> 448
Operations under general anæsthesia	...	...	...	...	...	...	281
„ „ local „	...	...	...	...	...	...	167
							<hr/> 448
Bronchoscopies, Laryngoscopies, Oesophagoscopies	...	...	...	...	...	...	18
(The above E.N.T. operations include 182 Polish cases.)							<hr/> 18

DENTAL DEPARTMENT.

Number of patients treated—adults, 14;	...	...	...	...	...	...	14
Number of treatments requiring a general anæsthetic	...	...	...	...	...	...	12
„ „ „ local „	...	...	...	...	...	...	2
							<hr/> 14
Number of extractions	...	...	...	...	...	...	14
							<hr/> 14

UROLOGICAL DEPARTMENT.

Examinations	...	Cystoscopy and Pyelographie	...	...	...	...	178
		Bongies	...	...	...	...	56
		Cystometrographie	...	...	...	...	16
		Uterography	...	...	...	...	2
							<hr/> 252
Operations	...	Transurethral resection of prostate	...	...	...	...	7
		Fulguration of tumours	...	...	...	...	5
							<hr/> 12
Treatments		Bladder lavage	...	...	...	...	21
							<hr/> 21
Cases reporting well	...	...	...	...	...	...	3
(Included in above are 33 Polish cases.)							<hr/> 288

CLASSIFICATION OF SURGICAL CASES TREATED ON ADMISSION.

1. Diseases of brain, spinal cord and peripheral nerves	...	...	...	...	...	...	22
2. „ lymph glands	...	...	...	...	...	...	21
3. „ blood vessels (including gangrene)	...	...	...	...	...	...	48
4. „ tongue and jaws, upper air and food passages	...	...	...	...	...	...	80
5. „ breast	...	...	...	...	...	...	27
6. „ thorax	...	...	...	...	...	...	16
7. „ abdominal organs	...	...	...	...	...	...	293
8. „ urinary and genital organs	...	...	...	...	...	...	201
9. „ female pelvic organs	...	...	...	...	...	...	94
10. „ bones and joints	...	...	...	...	...	...	241
11. „ skin and cellular tissue	...	...	...	...	...	...	192
12. Various unclassified diseases	...	...	...	...	...	...	52
(Included in above are 87 children.)							<hr/> 1,287

X-RAY DEPARTMENT.

Number of X-Ray examinations—1st half-year	...	...	...	...	...	3,144
2nd	...	...	...	...	...	3,180
						<hr/> 6,324
These include—In-patients	...	...	...	...	...	2,061
Out-patients	...	...	...	...	...	769
Paderewski Hospital	...	...	...	...	...	2,901
Other Hospitals	...	...	...	...	...	593
						<hr/> 6,324
Barium examinations	...	...	...	...	...	938
Pregnancies	...	...	...	...	...	196

MATERNITY DEPARTMENT.

Number of cases treated	...	...	...	...	...	...	...	1,365
" " " admitted (includes 57 babies with 58 mothers)	...	...	...	...	...	...	...	1,328
" " " discharged	...	...	...	...	...	...	...	1,354
" " " delivered (1,058 normal, 155 abnormal)	...	...	...	...	...	...	...	1,213
" " post-partum puerperal admissions	...	...	...	...	...	...	...	58
" " deaths, (mothers 3, infants 25)	...	...	...	...	...	...	...	28
" " babies born (includes 21 sets twins)	...	...	...	...	...	...	...	1,234
" " " stillborn	...	...	...	...	...	...	...	21

There have been 1,417 ante-natal cases examined during the year. Of these, 1,267 were admitted. Abortion cases totalled 48, and 29 other cases of complicated pregnancy were not confined. The abnormal deliveries included 61 by forceps and 12 caesarian section.

The causes of maternal deaths were as under :—

1. Acute yellow atrophy (admitted in labour).
2. Anæsthetic death.
3. 7 months pregnant. Post-mortem showed the whole of the œsophagus burnt.

SPECIAL DIET DEPARTMENT.

Cases treated by special diet during the year	...	...	...	...	...	...	...	283
Remaining at 1st January 1944	...	...	...	...	...	...	...	28
Number of cases admitted	...	...	...	...	...	...	...	255
" " " discharged	...	...	...	...	...	...	...	237
" " " died	...	...	...	...	...	...	...	22
" " " remaining at 31st December 1944	...	...	...	...	...	...	...	24

The disabilities treated included the following :—

Diabetes	...	...	...	...	...	...	6.9	per cent of cases.
Stomach disorders	...	...	...	...	...	...	29.2	" " "
Kidney disorders	...	...	...	...	...	...	11.2	" " "
Obesity	...	...	...	...	...	...	9.6	" " "
Gall-bladder disease	...	...	...	...	...	...	3.5	" " "
Cardiac conditions	...	...	...	...	...	...	9.2	" " "
Colitis	...	...	...	...	...	...	3.8	" " "
Jaundice	...	...	...	...	...	...	5.4	" " "
Diarrhœa	...	...	...	...	...	...	0.8	" " "
Constipation	...	...	...	...	...	...	0.8	" " "
Miscellaneous (Including High Cal. diets for T.B., etc.)	...	...	...	...	...	...	19.6	" " "

MEDICAL WARDS.**Classification of patients treated on admission.**

1. Infectious and parasitic diseases	...	...	...	...	...	...	...	28
2. Cancer and other tumours	...	...	...	...	...	...	...	17
3. Rheumatism, diseases of nutrition and other general diseases	...	...	...	...	...	...	...	30
4. Diseases of the blood and blood-forming organs	...	...	...	...	...	...	...	19
5. " nervous system and sense organs	...	...	...	...	...	...	...	59
6. " circulatory system	...	...	...	...	...	...	...	152
7. " respiratory system	...	...	...	...	...	...	...	115
8. " digestive system	...	...	...	...	...	...	...	91
9. Non-venereal diseases of genito-urinary system	...	...	...	...	...	...	...	38
10. Diseases of skin and cellular tissue	...	...	...	...	...	...	...	5
11. " bones and organs of locomotion	...	...	...	...	...	...	...	41
12. Senility	...	...	...	...	...	...	...	4
13. Endocrine disorders	...	...	...	...	...	...	...	36
14. Unclassified diseases	...	...	...	...	...	...	...	12

CHILDREN'S WARDS.**Classification of Cases treated on admission.**

1. Premature babies	7
2. Rheumatism, diseases of nutrition and other general diseases	7
3. Diseases of the blood and blood-forming organs	4
4. „ nervous system and sense organs	1
5. „ circulatory system	2
6. „ respiratory system	25
7. „ digestive system	30
8. Non-Veneral diseases of genito-urinary system	3
9. Diseases of skin and cellular tissue	41
10. „ bones and organs of locomotion	1
11. Congenital malformations	6
12. Convenience cases (healthy)	5
13. Tonsillectomy cases	197
14. Surgical cases	16
15. Tuberculosis (notifiable cases)	1
16. Various unclassified diseases	23
17. Ear, nose and throat cases	13

382**MASSAGE AND ELECTRO-THERAPY DEPARTMENT.**

The total number of patients treated during the year was 1,046, of which 72 were cured, 922 were improved and 49 were not improved; 58 were still under treatment at the end of the year; 3 patients died.

During the year 10,834 treatments were given, as follows:—

Massage	2,442
Galvanism and Faradism... ..	735
Diathermy (Short Wave)	70
Infra-red	2,016
Ultra-Violet Artificial Sunlight	2,211
Re-education Exercises	3,225
Hydro-massage Baths (November and December)... ..	135
	<u>10,834</u>

(Included in above are 128 Polish cases.)

OUT-PATIENT DEPARTMENT.

Recommended Cases:—

Surgical	1,062
Medical	448
Ante-natal	6,371
Gynæcological	120
	<u>8,001</u>
Ordinary Out-patients treated	1,304
	<u>9,305</u>
Total	9,305
Total visits of out-patients	<u>6,463</u>

PADEREWSKI HOSPITAL.

Statistics for the Year 1st January to 31st December 1944.

Admissions.	Discharges.	Deaths.
1,537	1,512	25

OUT-PATIENT DEPARTMENT.

Number of patients treated	15,159
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DENTAL DEPARTMENT.

Number of patients treated	10,365
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OPERATING THEATRE.

Number of major operations	306
„ minor „	214
„ plasters	100
„ out-patients ...	...	...	...	58
				<hr/> 678

BIOCHEMICAL LABORATORY.

Analyses Performed During 1944.

Analysis.	Western General Hospital	Eastern General Hospital	Southern General Hospital	City Hospital, etc.	Total.
Urea N. ...	409	285	379	27	1,100
Creatinine ...	46	181	280	—	507
N.P.N. ...	—	—	—	1	1
Cholesterol ...	78	32	55	—	165
Uric Acid ...	22	4	27	3	56
Sugar ..	73	117	37	1	228
Lævulose ...	21	13	1	—	35
Albumen ...	66	12	41	—	119
Globulin ...	67	13	40	—	120
Calcium ...	8	10	13	—	31
Phosphorus ...	1	4	8	—	13
Phosphatase ...	9	4	19	—	32
Icteric Index ...	75	25	38	—	138
Van den Bergh	25	20	30	—	75
Chlorides ...	7	1	6	—	14
CO ₂ Comb. Power	33	4	3	—	40
Ascorbic Acid ...	1	—	—	—	1
C.S.F. Protein ...	39	60	48	—	147
„ Sugar ...	28	54	28	—	110
„ Chlorides...	26	52	32	—	110
Fæcal Fats ...	25	22	9	3	59
Urine Ascorbic ...	44	—	—	—	44
Miscellaneous ...	36	15	16	—	67
Totals ...	1,139	928	1,110	35	3,212

Total number of Reports, 1,734.

Electro-Cardiograms for the Year, 215.

EASTERN GENERAL HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

The year 1944 saw an increase in the total number of admissions to the hospital, 1,651 compared with 1,431 in 1943. This increase resulted from the admission of 555 Scheme patients, composed largely of Service sick and wounded and evacuated sick from London. Admissions of Edinburgh sick were, as a result, fewer in number than in 1943. Generally speaking the clinical work of the hospital was more varied than usual thanks both to the establishing of a special unit for the treatment of tropical diseases and the surgical work incidental on convoy admissions. Admissions from the Edinburgh area ran true to form and consisted largely of chronic sick patients with lesions impossible of treatment in many instances and yielding only with difficulty in the remainder. Such admissions only regrettably impair the interest and enthusiasm of both medical and nursing staff, and cause difficulty in maintaining an adequate staff. Already, beds lie empty for lack of nurses and it is possible that this state of affairs will become worse unless an intelligent dilution of the chronic sick is attempted, a matter requiring not only the co-operation of all hospitals but also of doctors responsible for directing patients to hospital. In order that it can not be said that no lead is being given it may be remarked that plans for upgrading the hospital are being pursued actively.

The nursing staff as usual gave excellent service and praise must be given to the London nurses who accompanied their patients North and who settled so quickly and well in their new environment.

Domestic problems were just as in previous years—too few people for too many jobs. It became more serious this year than ever when kitchen domestic staff shortage almost crippled the cook's ability to provide satisfactory diets. Alleviation of this problem cannot come too soon.

In conclusion, I should like to thank all members of the hospital staff for their unfailing support during the year, mentioning in particular the Matron whose difficulties were enormous.

Statistics for Year 1st January to 31st December 1944.

	Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
Males	62	479	347	156	38
Females	50	505	379	140	36
Total	112	984	726	296	74

Number of cases treated	1,096
Total number of beds	426
Average number of occupied beds	83
Highest daily „ „ „ „ „ ..	151 (1/2/44).
Lowest „ „ „ „ „ ..	48 (1/8/44).
Average length of stay in days per patient	30
Number of post-mortems	41

Table to show the Results of Treatment.

					Cured.	Improved.	Not Improved.
Males	...	...	...	...	144	152	51
Females	...	...	...	...	147	187	45
Total	...	...	...	...	291	339	96
Remaining under treatment					...	...	74

Classification of Admissions for the year ending 31st December 1944.

					Male.	Female.
1.	Infectious and parasitic diseases	...	...	...	22	20
2.	Cancer and other tumours	...	...	...	36	35
3.	Rheumatism, diseases of nutrition and other general diseases	...	...	...	21	45
4.	Diseases of the blood and blood forming organs	...	...	...	10	13
5.	Chronic poisoning	...	...	...	1	...
6.	Diseases of nervous system and sense organs	...	...	...	53	89
7.	Diseases of circulatory system	...	...	...	115	99
8.	Diseases of respiratory system	...	...	...	65	55
9.	Diseases of digestive system	...	...	...	12	12
10.	Non-venereal diseases of genito-urinary system	...	...	...	20	7
11.	Diseases of pregnancy and childbirth	...	...	...	...	1
12.	Diseases of skin and cellular tissue	...	...	...	109	102
13.	Diseases of bones and organs of locomotion	...	...	...	6	8
14.	Congenital malformations	...	...	...	...	...
15.	Diseases of early infancy	...	...	...	...	...
16.	Senility	...	...	...	4	9
17.	Violence	...	...	...	4	8
18.	Nil.	...	...	...	1	2
					479	505
Total					984	

MASSAGE DEPARTMENT.

Number of patients treated	...	...	...	...	...	207
Number of patients discharged	...	...	...	...	...	161
Number of patients remaining	...	...	...	...	...	41
Cured	...	...	...	...	...	53
Improved	...	...	...	...	...	60
Not Improved	...	...	...	...	...	48
Died	...	...	...	...	...	5
						166
Massage	...	...	...	...	...	2,752
Faradism	...	...	...	...	...	482
Combined Baths	...	...	...	...	...	105
Ionization	...	...	...	...	...	165
Exercise	...	...	...	...	...	1,724
Wax Baths	...	...	...	...	...	475
U.V.R.	...	...	...	...	...	482
Infra Red	...	...	...	...	...	2,015
Sinusoidal	...	...	...	...	...	3
Radiant Heat	...	...	...	...	...	49
						8,252

SCHEME PATIENTS.

ADMISSIONS.

	Male.	Female.
Service	287	...
Evacuees	72	158
E.M.S. cases	3	1
R.I.E. waiting list	4	2
Prisoners of war, German	8	...
" " Italian	6	...
Ministry of Pension cases	4	...
	<u>384</u>	<u>161</u>

DISCHARGES.

Service	237	...
Evacuees	17	48
E.M.S. cases	2	1
R.I.E. waiting list	3	2
Ministry of Pension cases	4	...
	<u>263</u>	<u>51</u>

DEATHS.

Service	2	...
Evacuees	34	30
R.I.E. waiting list	1	...
	<u>37</u>	<u>30</u>

REMAINING (31/12/44).

Service	48	...
Evacuees	21	80
E.M.S. cases	1	...
R.I.E. waiting list	1	...
Prisoners of war, German	8	...
" " Italian	6	...
	<u>85</u>	<u>80</u>

CLASSIFICATION OF ADMISSIONS.

	Male.	Female.
1. Infectious and parasitic diseases	100	4
2. Cancer and other tumours	14	4
3. Rheumatism, diseases of nutrition and other general diseases	12	22
4. Diseases of the blood and blood forming organs	2	3
5. Diseases of the nervous system and sense organs	17	20
6. Diseases of circulatory system	51	21
7. Diseases of respiratory system	21	24
8. Diseases of digestive system	23	5
9. Non-venereal diseases of genito-urinary system	15	1
10. Diseases of skin and cellular tissue	6	9
11. Diseases of bones and organs of locomotion	1	6
12. Senility	3	27
13. Violence	119	15
	<u>384</u>	<u>161</u>

Total 545

SOUTHERN GENERAL HOSPITAL.

REPORT BY THE SUPERINTENDENT.

The following is a report of the work done at the Southern General Hospital during the year 1944.

It will be observed that as a result of the admission of Service and London Hospital patients, this has been a much more active year.

There is still a very grave shortage of trained nursing staff, but notwithstanding, the year has passed without any untoward happening. That we have been able to function here despite the many nursing and other problems which have had to be faced is a credit to the Matron, and the medical, nursing and administrative staff to whom I offer my most sincere thanks.

Statistics for the Year 1st January to 31st December 1944.

		Remaining 1st Jan.	Admitted.	Discharged.	Died.	Remaining 31st Dec.
PUBLIC HEALTH	{ Males ...	70	341	220	146	45
	{ Females ...	74	188	116	78	68
GOVERNMENT SCHEME	{ Males ...	—	16	6	4	6
	{ Females ...	—	169	92	17	60
MILITARY	{ Males ...	—	120	117	—	12
	{ P.O.W. ...	—	28	14	—	14
A.T.S. RECEPTION STATION ...		16	723	725	—	14
NORWEGIAN UNIT ...		136	1,229	1,230	15	120
Total ...		296	2,823	2,520	260	339

Number of Cases treated	{ Public Health and Government Scheme ...	1,015
	{ A.T.S. ...	739
	{ Norwegian Unit ...	1,365
	Total ...	3,119

PUBLIC HEALTH AND GOVERNMENT SCHEME PATIENTS.

The sources of admission were as follows :—

	P.H. Patients.	Govt. Scheme Patients.
From own home ...	460	7
City Hospital ...	26	1
Northern General Hospital ...	21	...
Davidson Home ...	6	...
Whitefoord House ...	5	...
Salvation Army Homes ...	4	...
Western General Hospital ...	4	...
R.I.E. ...	2	...
R.I.E. Convalescent Home ...	1	...
Hackney Hospital, London ...	...	55
Paddington Hospital, London ...	...	37
Horton Hospital, London ...	...	34
Carry forward	529	134

					P.H. Patients.	Govt. Scheme Patients.
				Brought forward	529	134
Leatherhead Hospital, London	...	...	...	...	...	20
King's College Hospital, London	...	...	...	...	...	12
St. Clement's Hospital, London	...	...	...	...	...	5
Rachan Auxiliary Hospital, Peebles	...	...	...	...	...	4
Mayday Hospital, London	...	...	...	...	...	3
Middlesex Hospital, London	...	...	...	...	...	2
St. Charles Hospital, London	...	...	...	...	...	1
St. Francis Hospital, London	...	...	...	...	...	1
St. Mary's Hospital, London	...	...	...	...	...	1
Islington Institution	...	...	...	...	...	1
Bethnal Home, London	...	...	...	...	...	1
					<u>529</u>	<u>134</u>

Discharges were as follows :—

						P.H. Patients.	Govt. Scheme Patients.
To own home	...	...	...	...	...	261	5
Northern General Hospital	...	...	...	...	...	29	...
City Hospital	...	...	...	...	...	23	6
Western General Hospital	...	...	...	...	...	10	1
Whitefoord House	...	...	...	...	...	3	...
Davidson Home	...	...	...	...	...	3	...
Queensberry House	...	...	...	...	...	3	...
West House	...	...	...	...	...	2	...
Nursing Home	...	...	...	...	...	1	...
Inveresk Institution	...	...	...	...	...	1	...
R.I.E.	...	...	...	...	...	...	37
Joyce Green Hospital, London	...	...	...	...	...	...	15
Rachan Auxiliary Hospital, Peebles	...	...	...	...	...	...	14
To London	...	...	...	...	...	...	13
Monteviot Auxiliary Hospital, Ancrum	...	...	...	...	...	...	2
Billetted in Edinburgh	...	...	...	...	...	...	1
Princess Margaret Rose Hospital, Edinburgh	...	...	...	...	...	...	1
Mayday Hospital, London	...	...	...	...	...	...	1
St. Raphael's Nursing Home	...	...	...	...	...	...	1
Millhill Hospital, London	...	...	...	...	...	...	1
						<u>336</u>	<u>98</u>

Table to show results of treatment or termination of illness.

Cured	...	...	...	67	Not improved	...	...	93
Improved	...	...	...	274	Died	...	...	245

Remaining under Treatment :—

P.H. Patients	...	...	...	113
Government Scheme	...	...	...	66
Service	...	...	...	12
P.O.W.	...	...	...	14
				— 205
A.T.S.	...	...	...	14
Norwegian	...	...	...	120
				<u>339</u>
Total	...	...	...	339

CAUSES OF DEATH.

	P.H.	Males.		P.H.	Females.	
		Govt.	Scheme.		Govt.	Scheme.
1. Infectious and parasitic diseases ...	2	...	...	2	...	...
2. Cancer and other tumours ...	33	2	...	22	4	...
3. Rheumatism, diseases of nutrition and other general diseases ...	2	...	...	1	1	...
4. Diseases of the blood and blood-forming organs ...	2	...	...	1	...	...
5. Diseases of the nervous system and sense organs ...	38	2	...	24	7	...
6. Diseases of the circulatory system ...	34	...	...	13	4	...
7. „ „ respiratory system ...	17	...	...	5	...	...
8. „ „ digestive system ...	4	...	...	1	...	...
9. Non-venereal diseases of genito-urinary system ...	10	...	...	4	...	...
10. Diseases of pregnancy and child-birth ...	...	...	...	...	...	...
11. „ skin and cellular tissue... ..	2	...	...	2	1	...
12. „ bones and organs of locomotion	1	...	...	2	...	...
13. Congenital malformations ...	1	...	...	...	...	...
14. Senility ...	...	...	...	1	...	...
	146	4	...	78	17	...

Number of Post-mortem examinations (Public Health)	...	33
(Norwegian)	...	14
		<u>47</u>

CLASSIFICATION OF PATIENTS DISCHARGED.

	P.H.	Govt. Scheme
	Patients.	Patients.
1. Infectious and parasitic diseases ...	11	7
2. Cancer and other tumours ...	14	6
3. Rheumatism, Diseases of nutrition and other general diseases ...	19	9
4. Diseases of the blood and blood-forming organs	15	3
5. Diseases of the nervous system and sense organs	108	29
6. Diseases of the circulatory system ...	47	7
7. Diseases of the respiratory system ...	54	2
8. Diseases of the digestive system ...	19	...
9. Non-venereal diseases of genito-urinary system	13	2
10. Diseases of skin and cellular tissue ...	9	1
11. Diseases of bones and organs of locomotion ...	21	11
12. Congenital malformations ...	1	...
13. Senility ...	1	7
14. Unclassified diseases ...	4	...
15. Surgical cases ...	...	14
	<u>336</u>	<u>98</u>

Average number of occupied beds :

Public Health and Government Scheme	...	225
Norwegian Unit ...	...	115
A.T.S. ...	...	23
		<u>363</u>

Highest daily number of patients :

Public Health and Government Scheme	...	...	...	328 (17/8/44)
Norwegian Unit	...	...	...	144 (11/4/44)
A.T.S.	...	...	...	40 (4/6/44)

Lowest daily number of patients :

Public Health and Government Scheme	...	...	...	123 (31/5/44)
Norwegian Unit	...	...	...	86 (26/6/44)
A.T.S.	...	...	...	7 (1/4/44)

Average length of stay in days per patient :

Public Health and Government Scheme	<u>76</u>
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MASSAGE AND ELECTRO-THERAPY DEPARTMENT.

The total number of patients treated during the year was 423 of which 354 were cured and improved ; 68 not improved ; 1 patient died, and 57 were under treatment at the end of the year. During the year treatments were given as follows :—

Massage	...	...	...	...	1,540
Galvanism and Faradism	...	...	...	...	68
Diathermy	...	...	...	...	—
Infra Red and Radiant Heat	...	...	...	...	554
Ionization	...	...	...	...	22
Ultra Violet Artificial Sunlight	...	...	...	...	278
Re-education Exercises	1,617

STAFF ILLNESSES DURING THE YEAR.

Nurses	56	Maids	24
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GOGARBURN HOSPITAL.**REPORT BY THE MEDICAL SUPERINTENDENT.**

The Annual Report for Gogarburn Institution for the year 1944, as in the preceding four years, falls to be considered under two heads:—(1) The Mental Defective Colony, and (2) The Emergency Hospital

1. The Mental Defective Colony.

The following statistical tables show the changes which have occurred in the patient population during the year. There have been no sudden crises regarding accommodation such as was the case last year. The fact that every available bed has been continuously filled during the year, together with the necessity of providing beds for urgent cases has been a continued problem. The increased use of Licence and the coming into operation of the Agricultural Hostel for Youths at Todhill, Ayrshire, has enabled us to keep abreast of the most pressing problems so far as male cases are concerned.

In the case of female patients, while the most urgent cases were eventually admitted, there was inevitably some delay before accommodation could be made available for their reception.

The shortage of nursing staff is still acute and a matter of anxiety. Even if additional accommodation for defectives were provided it is extremely doubtful whether the additional staff required for their care and supervision could be pro-

cured under present circumstances. The maintenance of the existing position so far as the mentally defective population is concerned has been rendered possible only by the fact that the wastage of nursing staff during the year has been negligible. It is difficult to envisage any considerable amelioration of the existing position prior to the cessation of hostilities in Europe.

Admissions.

	Males.	Females.	Total.
Number of patients on Register at 1st January 1944	279	250	529
Cases admitted during the year	30	11	41
Total cases under treatment	309	261	570
Cases discharged during the year	20	9	29
Cases transferred to other Institutions	5	—	5
Cases died during the year	8	1	9
Patients on Register at 31st December 1944 ...	276	251	527

The physical condition of the patients on admission was as follows:—

	Males.	Females.	Total.
In fair or average health and condition	17	6	23
In poor or indifferent health and condition	1	2	3
In weak or very weak health and condition	12	3	15
	30	11	41

The classification and age grouping of the patients admitted were as follows:—

Classification.	5—10 years.		10—15 years.		15—20 years.		20—25 years.		Over 25 years.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Idiot	2	...	...	...	1	...	...	1	...	...	3	1
Imbecile	1	2	1	...	2	...	...	...	1	1	5	3
Feeble-minded	4	...	10	1	6	4	1	...	1	2	22	7
Total—Males	7		11		9		1		2		30	
Total—Females		2		1		4		1		3		11

The following table shows the methods of disposal of the patients discharged from the Institution in the course of the year:—

	Males.	Females.	Total.
Discharged to their own homes	8	7	15
Discharged to other Institutions	12	1	13
Discharged to guardianship ... ..	...	...	...
Discharged on attaining 16 years of age	5	1	6
	25	9	34

The number of deaths occurring in the course of the year was 9. The causes of death were as follows:—

			Males.	Females.	Total.
Diseases of the central nervous system	...	...	...	1	1
Diseases of the cardiovascular system	...	...	2	...	2
Diseases of the alimentary system	...	...	2	...	2
Diseases of the respiratory system	...	...	4	...	4
			8	1	9

I have to thank all members of the staff for their continued loyalty and support under very difficult conditions.

2. The Emergency Hospital.

The following are the figures relating to the Emergency Hospital. The figures show that there has been a reduced number of admissions during the year, particularly in the number of civilian scheme patients. This drop in the number of admissions was directly attributable to two factors. The first was that for several weeks prior to the invasion of Normandy, service admissions were restricted to acute and urgent cases, and civilian admissions were entirely discontinued. The second was that on the 5th June the medical and nursing personnel of a complete surgical unit were transferred to a first line hospital in the South of England to take their part in dealing with the stream of casualties from France. They remained in England until the 8th August, and during the period of their absence, the number of general surgical cases, which during the war years formed the bulk of the patients dealt with, was of necessity considerably reduced.

It will be noted that although the number of admissions was restricted during the period of emergency, the number of patients dealt with as out-patients shows a substantial increase.

In Hospital on 1st January 1944	...	...	...	178
Admissions of Service Patients	...	...	...	1,679
Admissions of Civilian Scheme Patients	...	...	...	159
Total admissions	...	...	...	1,838
Members of Services treated as out-patients	...	...	...	1,703
Total number of patients treated during the year	...	...	...	3,541
Discharges of Service Patients	...	...	...	1,741
Discharges of Civilian Scheme Patients	...	...	...	140
Total Discharges	...	...	...	1,881
Deaths of Service Patients	...	...	...	2
Deaths of Civilian Scheme Patients	...	...	...	3
Total remaining on 31st December 1944	...	...	...	130

Peripheral Nerve and Vascular Injuries.—During the year 660 patients were admitted to this Unit, and 217 major surgical operations were performed. Many minor surgical procedures incidental to investigation and treatment were also carried through. Despite the greatly increased volume of work, the meticulous weekly review of cases for the purpose of integrating the various forms of treatment and assessing progress has been continued. The research work carried on by the Unit continues to receive the encouragement and financial help of the Medical Research Council. Several important papers have been published during the year.

I am very grateful for the praiseworthy manner in which all members of the staff have so willingly and continuously responded to the demands upon their services.

BANGOUR HOSPITAL.

REPORT BY THE MEDICAL SUPERINTENDENT.

General Statistics.

			Services.	Civilians.	Total.
Admissions	...	...	4,928	1,944	6,872
Discharges	...	...	4,750	1,615	6,365
Deaths	...	...	28	92	120

In addition, 215 patients were admitted to East Fortune Sanatorium.

The admissions show a decrease of 379 as compared with the figures for 1943. The difference is accounted for by the fact that the admission of civilian cases referred by the voluntary hospitals was suspended shortly before "D-Day" and was not resumed till several months afterwards.

Among the admissions were 227 German prisoners of war captured shortly after the Allied landing in Normandy. By the end of the year more than half of these were fit for discharge to ordinary prisoner of war camps and were so dealt with. During their stay in hospital, the prisoners proved to be easily handled.

Early in August, the evacuation of certain London hospitals was ordered by the Government and 427 patients were transferred to Bangour between then and the end of the year. For the most part these were chronic sick and senile cases. By Christmas 113 were returned to their homes in London. In the same period the deaths numbered 48.

Apart from considerations of safety from the flying bomb menace, it may be said that the great majority of the patients improved considerably as a result of the change. The one really regrettable feature of the transfer was that they were cut off from personal contact with their relatives and friends. To minimise as far as possible this hardship the Red Cross appointed two liaison officers to keep them in touch with their friends and attend to their affairs. The Red Cross also provided funds for the purchase of sweets and issued supplies of tobacco and cigarettes at intervals.

The tuberculosis unit in the hospital has expanded till it is now the largest of all. In the civilian wards, providing for both surgical and pulmonary cases, beds have been allotted to Edinburgh, Glasgow, Clydebank, Coatbridge, Motherwell and the County of Dumbartonshire. The admissions to these wards numbered 214, and the daily average number under treatment was 258. In the clearing wards for service patients the pressure has been continuous, not only because of the numbers admitted but also because of the shortage of beds in the sanatoria of other local authorities. Primarily the clearing wards were intended to be merely diagnostic centres, so that when the diagnosis was established the patient might pass on to a hospital in his home area. In practice, however, patients may have to wait many months for admission to a sanatorium. It follows that the work of the clearing wards cannot be confined to diagnosis, but must cover at least what is urgently necessary in each individual case.

As is the case all over the country, serious staffing difficulties have been encountered in the tuberculosis wards. These have thrown a heavy burden on those

members of the staff, who out of a high sense of duty have continued to work in the wards. No praise is too high for their devoted service, for without them the scope of our work would have had to be curtailed, to the detriment of many an unfortunate patient. As it is, the full expansion originally aimed at has proved unattainable.

Nursing in the pulmonary wards is—rightly—on a purely voluntary basis. The experience of recent years has shown that even additional remuneration and the application of all the known safeguards against the risk of infection are not in themselves enough to guarantee an adequate staff. There is little doubt that the fear of infection—as apart from the actual risk of infection—is a powerful deterrent to recruitment. Something might be done to combat that fear if figures were available showing the relative incidence of infection among nurses in tuberculosis wards and those engaged in the profession generally. The want of such statistics constitutes a considerable gap in our information about this vexed subject.

The other special units—brain injuries, plastic surgery and thoracic surgery—have all been busily engaged during the year. An interesting comparison with the last war emerges from the fact that no case was admitted during the year to the effort syndrome unit. In fact this special unit ceased to function not very long after it was established. The change is entirely due to the success of the newer methods of treating the service patient who shows the premonitory signs of this condition. Like shell-shock—that bugbear of the last war—effort syndrome has to all intents and purposes disappeared, or at least has ceased to figure as a separate and distinct clinical entity.

In April, the patients evacuated to Bangour from Aberdeen Royal Mental Hospital owing to bomb damage were returned. The transfer, carried out by road, was put through without incident.

During the year the catering arrangements were thoroughly overhauled. A separate dietetic kitchen has been provided and suitably equipped. The main kitchen has been greatly improved by the addition of four new roasting ovens, a large refrigerator, a fish-frier and an extra hot-plate. To make room for these, several boilers surplus to our requirements were removed, and the general arrangements are now much more convenient. New insulated containers were provided by the Department of Health for the transport of food to the annexe. In daily use these have been found excellent, especially in conjunction with the two covered wagons which the Department also supplied.

During the year, entertainments have been on a lavish scale. Thanks to the good offices of Bailie John G. Banks it has again been possible to send parties almost weekly to one or other of the Edinburgh theatres. In addition, numerous entertainments have been provided by interested friends and neighbours, to all of whom thanks are due.

BACTERIOLOGICAL SERVICES.

The following report (in summary) is submitted by the Director of Bacteriological Services on the work carried out for the City in the Bacteriology Department of Edinburgh University during the year 1944.

The total number of examinations was 36,291 as compared with 35,471 in 1943, representing an increase of 820. It may be noted that the number of examinations for the General Hospitals was substantially less than in 1943; this pertained to each of the four hospitals and was apparently the result of the temporarily altered position in these hospitals during part of the year when a proportion of the civilian patients was replaced by military casualties and evacuee cases who did not require the same amount of laboratory investigation. In spite of this the total examinations for the Corporation Hospitals as a whole was 1,062 in excess of that in the previous year, since considerably more work was done for the Infectious Diseases Hospital and the Royal Victoria Hospital and Dispensary.

While the ordinary diagnostic work on cases of diphtheria diminished in 1944, more investigations were made of strains of the diphtheria bacillus for their biological type and virulence. The prevalent type of bacillus, as in recent years, was the *gravis* type.

In 1944 there was an appreciable increase as regards all the diagnostic examinations for tuberculous infection.

In 1943 a high prevalence of bacillary dysentery added about 5,000 to the total bacteriological and serological examinations in that year, and in 1944 there was a further increase in dysentery diagnostic work; in this year the relative prevalence of the Flexner type of dysentery bacillus was greater, the Sonne type infections diagnosed in the laboratory remaining at the same level. It may be recalled that in 1942 the Sonne type of dysentery bacillus predominated; but since then there has been a noticeable increase in the prevalence of the Flexner type.

As in 1943, the number of typhoid-paratyphoid infections (proved in the laboratory) was small.

In addition to the routine serological tests for syphilis, a certain number of cases have been examined by the new "verification" method introduced by Kahn: this test has proved of undoubted practical value in cases presenting diagnostic difficulty.

There were 962 water samples examined in 1944 and the examinations of milk specimens increased from 366 in 1943 to 463. Of 169 milk samples investigated for the presence of the tubercle bacillus 7 were positive.

The introduction of penicillin therapy into hospital practice in 1944 necessitated the carrying out of a certain number of tests for sensitivity of bacterial strains to penicillin, and for controlling treatment by assaying the bacteriostatic property of the blood. The extension of penicillin treatment may augment this form of bacteriological work in the future.

The tables give numerical details of the work done in all categories and the general results obtained: the examinations for Corporation hospitals are separately tabulated.

ROUTINE BACTERIOLOGICAL EXAMINATIONS (including examinations for Municipal Hospitals).

			Total
Swabs and cultures from throat, nose and ear examined for <i>B. diphtheriæ</i>	Positive	237	
	Negative	2,564	
		<hr/>	2,801
<i>B. diphtheriæ</i> : determination of biological types and virulence tests	Positive	854	
	Negative	1,013	
		<hr/>	1,867
Throat, nose and ear swabs for hæmolytic streptococci and general bacteriological examination	Positive: {		
	Hæmolytic Streptococci	1,331	
	Vincent's infection	54	3,325
Determination of serological group of hæmolytic streptococci	Group A	1	1
Determination of serological type of hæmolytic streptococci ...	Type 4/24	1	
	Type	22	2
		<hr/>	3
Sputum examined for <i>B. tuberculosis</i> by the microscopic method*	Positive	641	
	Negative	3,528	
		<hr/>	4,169
Urine, fæces, pus and stomach washings examined for <i>B. tuberculosis</i> by microscopic method*	Positive	25	
	Negative	294	
		<hr/>	319
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens)†	Positive	308	3,899
Animal inoculation test for <i>B. tuberculosis</i> (sputum and other specimens)	Positive	133	460
Determination of <i>B. tuberculosis</i> types (Pus and cerebro-spinal fluid)	Human	15	
	Bovine	3	
		<hr/>	18
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i> , by microscopic method*)	Positive: <i>B. tuberculosis</i>	3	144
Cerebro-spinal fluid* for general bacteriological examination including examination for Meningococcus and <i>B. tuberculosis</i> (by microscopic method)	Positive {		
	<i>B. tuberculosis</i>	1	
	Meningococcus	16	
	Pneumococcus	7	187
Meningococcus: determination of serological group	Group 1	1	1
Blood † for Widal reaction (including <i>B. abortus</i> agglutination test)	Positive {		
	<i>B. typhosus</i>	5	
	<i>B. paratyphosus B.</i>	8	
	Negative	78	
		<hr/>	91
Blood-clot-cultures from specimens submitted for Widal reaction			71
Blood for agglutination tests for infection by dysentery bacilli			3
Fæces and urine‡ examined for organisms of enteric and dysentery groups	Positive {		
	<i>B. typhosus</i>	7	
	<i>B. para. B.</i>	21	
	Other organisms of <i>Salmonella</i> group	2	
	<i>B. dys.</i> Flexner type	1,360	
	<i>B. dys.</i> Sonne type	968	
	<i>B. dys.</i> Newcastle type	4	
	Atypical dysentery bacillus	1	
	Negative	7,936	
		<hr/>	10,299
	Carry forward		27,658

					Brought forward	34,509
Blood for Weil-Felix reaction	...	...	...	Positive: <i>B. proteus</i> X2	1	12
Blood for malaria parasites	...	...	...	Positive: <i>P. vivax</i>	4	13
Wound specimens for general bacteriological examination	...	...	...			46
Mouth and throat swabs for <i>Monilia albicans</i> (Thrush)	...			Positive	1	5
Biopsy and autopsy specimens for bacteriological examination	...	...	...			18
Surgical materials for sterility tests	...	...	...			18
Food materials for bacteriological examination	...	...	...			14
Water specimens for bacteriological examination	...	...	...			962
Milk specimens tested for bacterial count and <i>B. coli</i>.	...	...	...			463
Milk specimens for <i>B. tuberculosis</i> by animal inoculation.	...			Positive	7	169
Milk specimens for other pathogenic organisms	...	...	...			3
Antogenous vaccines prepared	...	...	...			9
Batch of serum from measles convalescent examined for sterility and the Wassermann reaction, and ampouled (75 c.c.)	...	...	...			1
Blood for bacteriostatic test during penicillin therapy	...	...	...			11
Penicillin sensitivity test	...	...	...			13
Miscellaneous examinations	...	...	...			25
				Total	...	36,291

* After "concentration" of the specimen.

† Negative by the microscopic method.

‡ The numbers given include repeat tests.

EXAMINATIONS FOR MUNICIPAL HOSPITALS.

Western, Eastern, Southern and Northern General Hospitals.						Total
Throat, nose and ear swabs for <i>B. diphtheriae</i>	...	...	...	...	...	188
Throat swabs for hæmolytic streptococci and general bacteriological examination	...	...	...	...	...	294
Sputum, pus, urine and fæces examined for <i>B. tuberculosis</i> by the microscopic method	...	...	...	...	...	418
Cultivation test for <i>B. tuberculosis</i> (sputum and other specimens)	...	...	...	...	...	447
Animal inoculation for <i>B. tuberculosis</i>	...	...	...	...	...	203
Blood for Widal reaction	...	...	...	...	...	32
Blood-clot-cultures from specimens submitted for Widal reaction	...	...	...	...	...	24
Fæces and urine for organisms of enteric and dysentery groups	...	...	...	...	...	1,429
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> and meningococcus)	...	...	...	...	...	42
Blood for Wassermann reaction	...	...	...	...	...	1,679
Syphilis flocculation test—method of Bact. Dept., University of Edinburgh	...	...	...	...	...	1,657
Syphilis flocculation test—Kahn method	...	...	...	...	...	129
Kahn verification test	...	...	...	...	...	23
Complement fixation test for gonococcal infection	...	...	...	...	...	67
Cerebro-spinal fluid for Wassermann reaction	...	...	...	...	...	158
Cerebro-spinal fluid for cytological examination, protein, globulin, sugar and chlorides, and colloidal gold tests	...	...	...	...	...	192
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	...	...	...	...	...	131
Sputum, pus, urine and fæces for general bacteriological examination	...	...	...	...	...	1,015
Blood for culture (general)	...	...	...	...	...	59
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i>)	...	...	...	...	...	109
Determination of serological types of Pneumococcus	...	...	...	...	...	4
Conjunctival swabs and smears for general bacteriological examination	...	...	...	...	...	56
Other examinations	...	...	...	...	...	256
				Total	...	8,612
Western General Hospital	...	Total	...	4,265	} 8,612	
Eastern General Hospital	...	Total	...	1,879		
Southern General Hospital	...	Total	...	1,940		
Northern General Hospital	...	Total	...	528		

City Hospital for Infectious Diseases.—

	Total
Throat, nose and ear swabs for <i>B. diphtheriæ</i>	8
<i>B. diphtheriæ</i> : determination of biological types and virulence tests	1,863
Throat swabs for hæmolytic streptococci and general bacteriological examination	60
Sputum, pus, urine and fæces examined for <i>B. tuberculosis</i> by microscopic method	123
Cultivation test for <i>B. tuberculosis</i>	108
Animal inoculation for <i>B. tuberculosis</i>	66
Blood for Widal reaction	24
Blood-clot-cultures from specimens submitted for Widal reaction	21
Fæces and urine for organisms of enteric and dysentery groups	7,051
Cerebro-spinal fluid for general bacteriological examination (including examination for <i>B. tuberculosis</i> and meningococcus)	145
Blood for Wassermann reaction	16
Syphilis flocculation test—method of Bact. Dept., University of Edinburgh	15
Syphilis flocculation test—Kahn method	1
Cerebro-spinal fluid for Wassermann reaction	5
Cerebro-spinal fluid for cytological examination, protein, globulin, sugar and chlorides, and colloidal gold tests	132
Vaginal, uterine and urethral swabs and smears for hæmolytic streptococci, gonococcus and general bacteriological examination	306
Sputum, pus, urine and fæces for general bacteriological examination	232
Pleural and peritoneal fluids for general bacteriological examination (including examination for <i>B. tuberculosis</i>)	19
Determination of serological type of Pneumococcus	1
Batch of serum from measles convalescent examined for sterility and the Wassermann reaction	1
Other examinations	160
Total	10,357

Royal Victoria Hospital and Dispensary.

	Total
Sputum for <i>B. tuberculosis</i>	3,302
Cultivation test for <i>B. tuberculosis</i>	2,926
Animal inoculation for <i>B. tuberculosis</i>	174
Stomach washings for <i>B. tuberculosis</i>	142
Blood for Wassermann reaction	100
Syphilis flocculation test—method of Bact. Dept., Edinburgh University	99
Syphilis flocculation test—Kahn method	4
Pleural and peritoneal fluids for general bacteriological examination	8
Other examinations	16
Total	6,771

Total examinations for Municipal Hospitals 25,740

SANITARY DEPARTMENT.

REPORT BY THE CHIEF SANITARY INSPECTOR FOR THE YEAR 1944.

	Total
Complaints by citizens	2,529
Complaints by other departments	98
Nuisances discovered and reported by District Inspectors	3,896
	<hr/> 6,523

CLASSIFICATION OF NUISANCES.

Drainage and Sanitary Appliances.

Drains cleared or repaired and sanitary appliances renewed or repaired ...	542
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Water Supply.

Cisterns cleansed and water pipes repaired or renewed	647
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Repairs to Houses.

Repairs to floors, windows, doors, walls, etc.	316
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Nuisances Removed.

Nuisances due to smoke, flooding, overerowding, rats and other causes	5,018
	<hr/> 6,523

Prosecutions.

Dirty stairs (5); dirty houses (1); caravans (1).

Total Prosecutions	7
Total Fines imposed	£1 10s.

HOUSING.

Slum Clearance and Redevelopment.

Houses vacated	21
Persons displaced	73
Houses demolished	—

SHOPS ACTS 1912-38.

Inspections of retail and wholesale shops including warehouses	846
Contraventions regarding hours of employment, closing order, etc.	38
Improvements effected in sanitary accommodation, washing facilities, heating and other sanitary matters	96
Convictions obtained in prosecutions	—
Total fines imposed	—

FACTORIES ACT 1937.

Inspections of Factories with mechanical power	1,457
Inspections of Factories without mechanical power	225
Sanitary and miscellaneous improvements effected	809

SALE OF FOOD AND DRUGS ACT, ETC.

Total Samples of Food and Drugs taken	1,205
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Milk.

Statutory samples of Sweet Milk taken	163
Samples reported adulterated	23
Prosecutions	6
Total fines imposed	£77.

VETERINARY DEPARTMENT.

REPORT BY THE VETERINARY INSPECTOR.

Milk and Dairies (Scotland) Act, 1914.

Visits to dairy premises	...	...	...	...	...	...	...	...	296
Newly-calved cows inspected in the Markets before being offered for sale	...	...	...	...	...	...	...	...	444
Premises on the Register at 31st December	...	...	...	...	...	...	...	...	39
Cowsheds on these premises	...	...	...	...	...	...	...	...	64
Average number of cows accommodated therein	...	...	...	...	...	...	...	...	1,373
Certificates of Registration cancelled	...	...	...	...	...	...	...	...	1
Certificates of Registration transferred to new tenants	...	...	...	...	...	...	...	...	1
Premises licensed under the Cattle-sheds in Burghs (Scotland) Act, 1866	...	...	...	...	...	...	...	...	21
Average number of cows accommodated therein	...	...	...	...	...	...	...	...	66

Milk (Special Designations) Order (Scotland), 1936.

Producers' licences in force during 1944 :

Standard	...	...	...	...	...	...	...	...	...	9
Certified	...	...	...	...	...	...	...	...	...	1
Tuberculin-Tested	...	...	...	...	...	...	...	...	...	1

Bacteriological examination of Milk :

Number of samples examined :

Certified	...	...	...	...	...	...	...	...	30
Tuberculin tested	...	...	...	...	...	...	...	...	38
" " (as supplied to Schools)	...	...	...	...	...	...	...	...	62
Standard	...	...	...	...	...	...	...	...	63
Pasteurised	...	...	...	...	...	...	...	...	45
Milk to City Hospitals	...	...	...	...	...	...	...	...	10
Ordinary	...	...	...	...	...	...	...	...	170
									418

Bulk Milk Samples subjected to biological test for tuberculosis :—

(Brought forward incomplete at the end of 1943)	25	Neg.	23	Pos.	1	(Inconclusive)	1
Tested and completed at 31st December 1944	142	"	128	"	6	(8)
Remaining under Test at 31st December 1944	6						

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INSPECTION OF MEAT AND OTHER FOODS.

Gorgie Abattoir.

Class of Animals.	Number of Animals.			Weight (in lbs.) of Condemned Meat and Offals. (Offal Weights Estimated).
	Slaughtered.	Wholly Condemned.	Partially Condemned.	
Cattle	29,061	523	1,008	541,146
Sheep	122,206	328	497	28,512
Pigs	10,556	146	124	33,851
Calves	13,432	138	2	8,184

Retail Shops, Street Hawkers, Etc. :—

Visits during the year	...	...	...	...	...	...	...	3,779
Foodstuffs seized in Markets, Etc.	...	...	...	...	...	...	...	280,087 lbs.

Public Health (Meat) Regulations :—

Certificates of Approval granted in respect of accommodation provided for the storage of meat overnight, by persons who do not keep an open shop :—

Renewals during 1944	...	...	...	...	...	...	5
New Certificates granted	...	...	...	...	...	...	1

Imported Foodstuffs inspected under the Public Health (Imported Food) Regulations (Scotland), 1937 :—

Number of Consignments	63
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Imported Foodstuffs condemned or rejected and re-exported at the Port of Leith

609,623 lbs.

Summary, showing total diseased and unsound foodstuffs dealt with by the Department in the City, during 1944 :—

	Weight in lbs.
At Abattoir—Carcases	392,196
Offal (weight estimated)	219,497
In Shops, Warehouses, etc.	280,087
At the Port of Leith	609,623
	<hr/> 1,501,403 <hr/>

Equal to 670 Tons, 5 Cwts., 43 lbs.

